

Iowa Department of Public Health



Iowa Department of Public Health HHS Budget Bill Report

As directed by 2016 Iowa Acts, HF2460, Division III, Sec. 3, § 123(9)

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Executive Summary

During the 2016 legislative session, the General Assembly directed the Iowa Department of Public Health (IDPH) to develop a proposal for realigning, bundling, redistributing, or otherwise adjusting the department's general fund appropriation to reflect IDPH's priorities and goals and to provide increased flexibility in the distribution of funding to meet the identified priorities and goals. This report sets out information about each IDPH budget unit, including the number of allocations directed to specific entities or for specific purposes. It also includes descriptions of IDPH's goals and priorities for each budget unit and recommendations that will give IDPH the flexibility necessary to direct existing resources for the purpose of addressing Iowa's most critical public health needs. Allocating funds to IDPH and giving IDPH the ability to contract with third parties receiving state funds will also give IDPH an opportunity to establish and monitor performance metrics to ensure the state is receiving measureable outcomes for its investments.

As part of its 2016 directive, the legislature asked IDPH to gather progress reports from entities that receive directed allocations of state funds through IDPH appropriation language. Highlights of these contractor reports are found throughout the report in the budget unit sections where the specific allocations are made. The full reports are located in Appendix A.

IDPH appropriation language includes allocations directed to a number of health care workforce programs for which the department was also asked to make recommendations. The workforce program recommendations are provided under separate cover.

For additional information about the contents of this report, please contact Deborah Thompson, IDPH Legislative Liaison and Policy Advisor, Deborah.Thompson@idph.iowa.gov or 515-240-0530.

Addictive Disorders Budget Unit

Budget Unit Background

The Addictive Disorders \$26,988,690¹ appropriation for FY17 is intended to reduce the use of tobacco, alcohol, and other drugs; reduce problem gambling; provide treatment services for tobacco use, problem gambling, and substance use disorders; and support related services and activities, such as public education and program evaluation. Allocation language directs state general funds within this appropriation to two specific recipient entities, for three purposes. The remainder of the funding is discretionary, used by IDPH to meet the legislative directives set forth in the appropriation language. In total, 3.5 percent of this appropriation is specifically allocated to particular entities or for specific purposes.

Allocation Title	Allocation Purpose	Allocation Recipient	FY17 Allocation	Reach
Substance Abuse – integrated managed care	Integrated substance-related managed care system	Iowa Department of Human Services (DHS)	\$950,000 ²	Medicaid Enrollees Statewide
Tobacco control including ABD underage sales enforcement	Tobacco use prevention and control initiatives	IDPH	\$5,248,361 ³	Statewide
Problem gambling and substance use disorders	Problem gambling and substance use disorder prevention, treatment and recovery services	IDPH	\$21,740,329 ⁴	Statewide

The flexibility IDPH has within this appropriation provides IDPH with the ability to fund evolving priorities identified throughout the budget period; for example, IDPH was able to shift its youth mentoring activities to align with the Governor's Office AmeriCorps initiative addressing substance use disorders in Iowa. IDPH was also able to collapse separate contracts for substance use disorders and problem gambling helplines into a single agreement, reducing overall cost and contract administration time.

Reports of Non-IDPH Entities Receiving Direct Allocations of FY17 State Funds

The General Assembly directed IDPH to request reports from contractors that have historically received state funds through earmarks in IDPH's appropriation language. The only non-IDPH entity receiving state

¹ 2016 Iowa Acts, House File 2460, Division III, Sec. 3, § 123(1)

² 2016 Iowa Acts, House File 2460, Division V, Sec. 10, § 132(4)

³ 2016 Iowa Acts, House File 2460, Division III, Sec. 3, § 123(1)(a)(1)

⁴ 2016 Iowa Acts, House File 2460, Division III, Sec. 3, § 123(1)(b)

funds through this IDPH appropriation is another state agency, therefore no reports were requested for this budget unit.

How Are We Doing?

The current Addictive Disorders flexible appropriation language allows IDPH to advance the General Assembly's directives of preventing and reducing tobacco use, problem gambling and substance use disorders. Notable achievements include:

1. Success with tobacco cessation services. Thirteen months following enrollment in the Quitline program, 25 percent of tobacco cessation service participants indicated he or she had not used tobacco products in the past 30 days⁵.
2. Coordination of services to address correlated health conditions. IDPH recognizes the connection between tobacco use^{6,7}, behavioral health conditions, and other chronic conditions, and is using funding flexibility to coordinate services, resulting in more comprehensive treatment for correlated behaviors and conditions.
3. A problem gambling treatment evaluation⁸ found that 92 percent of persons receiving IDPH-funded treatment reported fewer signs and symptoms of problem gambling at discharge.
4. Nearly 47,000⁹ Iowans received treatment services for substance use disorders in FY16. The 2015 outcomes monitoring report showed reductions in substance use, arrests and hospitalizations following treatment, as well as increases in employment¹⁰.

What Are IDPH's Goals?

Additional work in the areas of tobacco control, problem gambling, and treatment of substance use disorders will continue to be a primary focus of IDPH. The department's measurable goals for work funded by the Addictive Disorders appropriation include:

1. Maintain the number of retailers in compliance with policies prohibiting the sale of tobacco product to minors. The current compliance rate is 91 percent.
2. Decrease the smoking prevalence rate from 18.1 percent to 17.5 percent.

⁵ Iowa Tobacco Cessation Program Evaluation: FY2016. Prepared by Mitchell Avery, MPP, Ki Park, PhD, Mary E. Losch, PhD, Center for Social and Behavioral Research, University of Northern Iowa, June 2016.

⁶ Lasser, K., Boyd, W., Woolhandler, S., Himmelstein, D. U., McCormick, D., & Bor, D. H. (2000). Smoking and mental illness: A population based prevalence study. *Journal of the American Medical Association*, 284, 2606–2610.

⁷ U.S. Department of Health and Human Services. National Institute on Alcohol Abuse and Alcoholism (2007). Alcohol and Tobacco. *Alcohol Alert*, 71. <http://pubs.niaaa.nih.gov/publications/AA71/AA71.htm>. Accessed December 2, 2016.

⁸ Park, K.H., Losch, M.E., & Muilenburg, R. (2015). Iowa Gambling Treatment Outcomes System: 2015. Cedar Falls, IA: Center for Social and Behavioral Research, University of Northern Iowa. <http://www.idph.iowa.gov/Portals/1/userfiles/83/Reports%20and%20Studies/IGTO-2015-Outcome-Report-Final.pdf>

⁹ Iowa Department of Public Health, Central Data Repository.

¹⁰ Hedden, S., Palmer, J., & Arndt, S. (2014). State of Iowa Outcomes Monitoring System: Year 17 Annual Outcome Evaluation Trend Report. (Iowa Department of Public Health contract #5885YM50). Iowa City, IA: Iowa Consortium for Substance Abuse Research and Evaluation.

3. Continue the current downward trend in youth substance use¹¹.
4. Embed substance use disorder screening in health care settings and medical and mental health screenings in substance use disorder treatment settings.

Addictive Disorders Budget Unit Recommendations

IDPH recommends continuation of the current bill language for the Addictive Disorders appropriation.

¹¹ [2014 IYS Trend Report](#).

Healthy Children and Families Budget Unit

Budget Unit Background

The Healthy Children and Families FY17 appropriation provides \$5,693,774¹² in funding to a number of local service providers to promote optimum health status for children, adolescents through 21 years of age, and families. Most of the programs funded by this budget unit specifically target at risk individuals or families. At risk individuals and families are identified by household income, social-emotional development or other family risk factors. Allocation language directs state general fund dollars to two specific recipient entities for FY17. Most of the remaining funding in this budget unit is allocated to IDPH for specific purposes. In total, nearly 86 percent of the appropriation is specifically allocated to particular entities or for specific purposes.

Allocation Title	Allocation Purpose	Allocation Recipient	FY17 Allocation	Reach
Donated dental services	Pays for a part-time program coordinator, office supplies and lab fabrication when donations cannot be obtained	Delta Dental	\$74,640 ¹³	1,489 individuals have received services from 256 volunteer dentists and 36 dental labs provided donated services totaling nearly \$4.56M since 2007
Dental services to children	Primary dental services for underserved children up to 21 years of age	U of I College of Dentistry	\$25,000 ¹⁴	519 children have received services from 8 dentists since 2013
HOPES-HFI	Home visiting program provides in-home family support beginning during pregnancy through age 4	IDPH	\$734,841 ¹⁵	8,489 home visits made to 619 families in 9 counties in FY16
1st Five	Health provider early detection of social-emotional and developmental delays, including family risk factors and associated referrals for intervention services	IDPH	\$3,275,059 ¹⁶	136,971 children from birth to 5 years were screened in 200+ health care practices by 600+ health care providers in FY16
Childhood obesity	Childhood obesity prevention	IDPH	\$111,995 ¹⁷	25,435 (~3%) children 0-18 years

¹² 2016 Iowa Acts, House File 2460, Division III, Sec. 3, § 123(2).

¹³ 2016 Iowa Acts, House File 2460, Division III, Sec. 3, § 123(2)(d).

¹⁴ 2016 Iowa Acts, House File 2460, Division III, Sec. 3, § 123(2)(g).

¹⁵ 2016 Iowa Acts, House File 2460, Division III, Sec. 3, § 123(2)(a).

¹⁶ 2016 Iowa Acts, House File 2460, Division III, Sec. 3, § 123(2)(c).

¹⁷ 2016 Iowa Acts, House File 2460, Division III, Sec. 3, § 123(2)(e).

				reached through community-based nutrition and physical activity projects, enhanced policies in early childhood education settings, and targeted media messages on public television
Audiological services and hearing aids for children	Provide audiological services and hearing aids for children	IDPH	\$162,768 ¹⁸	133 children received assistance paying for hearing aids, accessories, and audiological services in FY16
Youth suicide prevention	Youth suicide prevention	IDPH	\$50,000 ¹⁹	Statewide
Adverse Childhood Experiences (ACEs)	Support Iowa effort to address ACEs	IDPH	\$50,000 ²⁰	Statewide

Reports of Non-IDPH Entities Receiving Direct Allocations of FY17 State Funds²¹

Donated Dental Services. Delta Dental of Iowa has received funding since 2007 to administer the donated dental services program. This program provides services to indigent individuals who are elderly or have disabilities, and fills a gap left by public health dental programs which have long waiting lists and provide basic services. Since 2007, the program has received \$388,526 and provided services to 1,489 Iowans.

Dental Services to Children. The University of Iowa College of Dentistry has received funding since 2013 to provide primary dental services to children under 21 years of age who have no dental insurance or inadequate coverage and a family income at or below 300 percent of the federal poverty level. This program provides services similar to those provided by the IDPH I-Smile Program. Since 2007, the program has received \$100,000 and provided services to 519 children.

¹⁸ 2016 Iowa Acts, House File 2460, Division III, Sec. 3, § 123(2)(f).

¹⁹ 2016 Iowa Acts, House File 2460, Division III, Sec. 3, § 123(2)(h).

²⁰ 2016 Iowa Acts, House File 2460, Division III, Sec. 3, § 123(2)(i).

²¹ See additional detail in budget unit allocation table.

How Are We Doing?

IDPH is working to advance the General Assembly's goal of promoting optimum health status for children, adolescents through 21 years of age, and families. Notable concerns, statistics, programs and achievements include:

1. All 11 programs providing HOPES-HFI home visits are evidence-based and have national accreditation by Healthy Families America, a national child abuse prevention program.
2. Expansion of the 1st Five – Healthy Mental Development (in the First Five Years) program to 88 counties in FY17. Approximately 6 percent of children receiving developmental screening from participating practices were referred to 1st Five, resulting in 21,000 connections with community services addressing social-emotional and developmental delays and family risk-related factors.
3. Recent data shows the percentage of obesity in WIC participants aged 2-4 years decreased from 22.2 percent in 2010 to 20 percent in 2014²².
4. The CDC Survey of Maternity Practices in Infant Nutrition and Care ranks Iowa as 38th out of 53 states and territories with a total score of 75 out of 100²³. While the overall score has improved from 61 out of 100 in the 2007 survey and breastfeeding initiation rates continue to slowly increase, Iowa hospitals lag well behind the rest of the nation regarding appropriate staff training and breastfeeding policies with all 10 recommended model elements of evidence-based practice. Addressing these and other gaps in the dimensions of care would positively impact breastfeeding initiation, exclusive breastfeeding and breastfeeding duration, leading to increased health benefits and reduced health care costs in the long term.
5. Half of the low-income children, adolescents, and young adults aged 1 to 20 on Medicaid received preventive dental services in 2015²⁴.
6. A reduction in the African-American infant mortality rate from 12 per 1,000 live births in 2010 to 8.8 per 1,000 live births in 2014 was achieved²⁵. However, continued efforts are still needed, given the white infant mortality rate of 4.6 per 1,000 live births.

What Are Our Goals?

Additional work in the areas of healthy children and families will continue to be a primary focus of IDPH. The department's goals for work funded by the Healthy Children and Families appropriation include:

1. Continue the current trend of increasing the proportion of children screened for being at risk for developmental, behavioral and social delays.
2. Continue the current trend of increasing breastfeeding initiation rates and address gaps in hospital-based dimensions of care.
3. Continue to increase access to preventive dental services for children, adolescents and young

²² Healthy Iowans 2016 Report: Are We Making Progress?, IDPH, September 2016.

²³ Centers for Disease Control and Prevention. Iowa 2015 Report, CDC Survey of Maternity Practices in Infant Nutrition and Care. September 2016.

²⁴ IDPH, Oral Health Center EPSDT Dental Services Reports, 2015.

²⁵ Healthy Iowans 2016 Report: Are We Making Progress?, IDPH, September 2016.

adults participating in Medicaid.

4. Align programs and services to support implementation of current law and address priority health needs of Iowa children and families.

To accomplish these goals, increased flexibility is needed in this budget unit to align funding with the most critical needs impacting the health of Iowa's children and families.

Healthy Children and Families Budget Unit Recommendations

1. If the program continues, move the responsibility for administration of the child burial expense program²⁶ to the Department of Human Services (DHS), instead of appropriating funds to DHS and allocating them to IDPH for this program. This program aligns more appropriately with the goals and objectives of DHS. In FY15/16, 38 families were assisted and in FY16/17, 11 families have been assisted to date. The initial allocation of \$100,000 has been fully expended.
2. Remove all of the specific allocation paragraphs to provide additional flexibility in funding priority issues impacting the health of children and families. Increased flexibility will allow the department to avoid duplication of effort and maximize impact of existing programs supported by this appropriation.

²⁶ 2014 Iowa Acts, ch. 1140, sec. 22, § 146(12).

Chronic Conditions Budget Unit

Budget Unit Background

The Chronic Conditions FY17 \$5,080,692²⁷ appropriation funds services for individuals identified as having chronic conditions or special health care needs. Nearly 98 percent of the funds appropriated in this budget unit are allocated to specific entities or for particular purposes. The allocations are outlined below.

Allocation Title	Allocation Purpose	Allocation Recipient	FY17 Allocations	Reach
Brain Injury Services Program: Resource Facilitation Services	Supports resource navigation for individuals with brain injury	Brain Injury Alliance of Iowa	\$946,644 ²⁸	18,869 active clients served 450 specialty training events with 17,605 Iowa Brain Injury Resource Network staff, individuals with brain injury and/or families attending
Brain Injury Services Program: Provider Training	Supports training of service providers	Iowa Association of Community Providers	\$95,000 ²⁹	1,088 training events with 7,527 attending; 123 agencies received individual case consultations in FY08 through FY16
Child Health Specialty Clinics (UI)	Services and supports to children with special health care needs and their families through a network of 14 regional centers and 4 satellite locations	Child Health Specialty Clinics	\$785,114 ³⁰	44,000 children and families served FY09 through FY16
Epilepsy	Support education programs, support groups and one-on-one case consultations with individuals and families living with epilepsy	Epilepsy Foundation of N/C Illinois, Iowa and Nebraska	\$149,823 ³¹	289 educational programs reaching 9,631 people. 259 support groups involving 3,063 individuals; 2,305 one-on-one case consultations with individuals/families FY08 through FY16

²⁷ 2016 Iowa Acts, House File 2460, Division III, Sec. 3, § 123(3)

²⁸ 2016 Iowa Acts, House File 2460, Division III, Sec. 3, § 123(3)(b)

²⁹ 2016 Iowa Acts, House File 2460, Division III, Sec. 3, § 123(3)(b)

³⁰ 2016 Iowa Acts, House File 2460, Division III, Sec. 3, § 123(3)(e)

³¹ 2016 Iowa Acts, House File 2460, Division III, Sec. 3, § 123(3)(d)

Melanoma Research	Host annual symposium, provide competitive seed funding for researchers, support melanoma bio-repository	Holden Comprehensive Cancer Center	\$150,000 ³²	Annual conference with 65 research projects presented, 13 seed grants awarded, 1,072 samples in the biorepository, 367 accruals to clinical trials program, and 18 active clinical trials
Comprehensive cancer control	Reduce burden of cancer in Iowa through prevention, early detection, and effective treatment	IDPH	\$444,543 ³³	Statewide
Cervical and colorectal cancer screening	Cervical and cancer screening	IDPH	\$101,450 ³⁴	54 women from 10 counties screened for cervical cancer in FY16 and 95 individuals from 13 counties screened for colorectal cancer in FY16
Cervical cancer screening – capacity building	Increase capacity of the cervical cancer screening program to reach a broader range of low-income women	IDPH	\$300,000 ³⁵	775 individuals from 66 counties received screening services or HPV services; outreach activities conducted in 41 counties in FY16
Prescription Drug Donation Repository	Manage the donated medications repository created by Iowa Code Chapter 135M	Prescription Drug Donation Repository	\$129,411 ³⁶	69,432 Iowans served with \$18.99M in savings for medications FY07 through FY16
Regional Autism Assistance Program	Supports educational, medical and other services and supports for children and youth with Autism Spectrum Disorder (ASD), their families and their providers	Child Health Specialty Clinics	\$400,000 ³⁷	Statewide for children and youth diagnosed with ASD (approximately 10,670)

³² 2016 Iowa Acts, House File 2460, Division III, Sec. 3, § 123(3)(g)

³³ 2016 Iowa Acts, House File 2460, Division III, Sec. 3, § 123(3)(g).

³⁴ 2016 Iowa Acts, House File 2460, Division III, Sec. 3, § 123(3)(h).

³⁵ 2016 Iowa Acts, House File 2460, Division III, Sec. 3, § 123(3)(h).

³⁶ 2016 Iowa Acts, House File 2460, Division III, Sec. 3, § 123(3)(j).

³⁷ 2016 Iowa Acts, House File 2460, Division III, Sec. 3, § 123(3)(f).

Inherited metabolic disorders	Provides grants to individuals with inherited metabolic disorders to assist with purchase of medically necessary foods and formula	IDPH	\$159,932 ³⁸	129 individuals served in FY16
AIDS Drug Assistance Program (ADAP)	Provides matching federal funds for AIDS drug treatment grants	IDPH	\$547,982 ³⁹	Avg. 61 clients served/month and 130 claims/month for medication assistance; avg. 206 clients served/month with 170 clients receiving health insurance premium payment assistance in FY15
Congenital and inherited disorders	Funding for the center for congenital and inherited disorders	IDPH	\$526,695 ⁴⁰	Statewide
Public health reform activities	Funding for IDPH to use for reform-related activities	IDPH	\$215,263 ⁴¹	IDPH
Medical cannabidiol	Administration of medical cannabidiol act	IDPH	\$25,000 ⁴²	270 registration cards approved with 200 cards issued from 1/30/15 through 12/7/16

Reports of Non-IDPH Entities Receiving Direct Allocations of FY17 State Funds⁴³

Brain Injury Alliance of Iowa (BIA-IA). BIA-IA works to improve the lives of the ~90,000 Iowans living with long term disability from brain injury. State funding supports NeuroResource Facilitation (a nationally recognized best practice for individuals with brain injury) and the Iowa Brain Injury Resource Network. Since 2008, the program reports receipts of \$4,848,789 in state funds and has served 18,869 clients since 2008.

Iowa Association of Community Providers (IACP). IACP provides training and support for health care providers to improve access to high quality brain injury rehabilitative services including organizational development to serve individuals with multi-occurring disorders; agency-specific workshops; individual

³⁸ 2016 Iowa Acts, House File 2460, Division III, Sec. 3, § 123(3)(a).

³⁹ 2016 Iowa Acts, House File 2460, Division III, Sec. 3, § 123(3)(c).

⁴⁰ 2016 Iowa Acts, House File 2460, Division III, Sec. 3, § 123(3)(i).

⁴¹ 2016 Iowa Acts, House File 2460, Division III, Sec. 3, § 123(3)(k).

⁴² 2016 Iowa Acts, House File 2460, Division III, Sec. 3, § 123(3)(l).

⁴³ See additional detail in budget unit allocation table.

case consultation; discharge planning and assistance for individuals with challenging behaviors; and outreach and training for Department of Corrections staff, both institutional- and community-based. Since 2007, the program reports receipts of \$551,011 in state funds used for conducting 1,088 training events with 7,527 attendees.

Child Health Specialty Clinics (CHSC). CHSC serves Iowa children with special health care needs and their families. Access to pediatricians, child psychiatrists and other pediatric specialists continues to be the top need. CHSC provides gap-filling clinical services and care coordination to connect families with specialists to which they may not otherwise have access. Since 2009, the program reports receipts of \$6,516,460 in state funds, providing services and supports to approximately 6,000 children/ year in 2009-2015. In 2016, the number of children served was 2,000.

Child Health Specialty Clinics - Regional Autism Assistance Program (RAP). RAP coordinates educational, medical and other services for children and youth with autism spectrum disorder, their families and providers. RAP teams provide regional screening for toddlers and youth, and coordinate referrals for assessment and diagnostic services through the 14 CHSC Regional Centers serving all 99 counties. Approximately 10,670 children in Iowa have an Autism Spectrum Disorder diagnosis. Since 2013, the program reports receipts of \$1.6M in state funds.

Epilepsy Foundation of N/C Illinois, Iowa and Nebraska. State funds support epilepsy educational programs, conferences and seminars; one-on-one consultation with individuals and families; and information and resources for professionals. The allocation language requires a 1:1 match by the recipient entity for all state funds received in excess of \$100,000. Since 2008, the program reports receipts of \$826,497 in state funds to conduct 289 educational programs, reaching 9,631 participants.

Holden Comprehensive Cancer Center. State funds support an annual symposium, competitive seed funding for University of Iowa researchers, and one of the largest melanoma bio-repository/registries in the nation. Since 2013, \$600,000 in state funds has been allocated to support the annual symposium.

Prescription Drug Donation Repository. State funds support the drug donation repository efforts managed by SafeNetRx, which serves Iowans with income at or below 200 percent of the federal poverty level and who are uninsured or underinsured. Since 2007, more than 69,000 Iowans have received donated medications and medical supplies valued at over \$18.99M million through the repository. Every dollar used to administer the program yields over \$7 in donated medications and supplies. The program reports receipts of \$1,231,613 in state funds since 2007.

How Are We Doing?

IDPH is working to advance the General Assembly's goal of serving individuals identified as having chronic conditions or special health care needs. Notable concerns, statistics, programs and achievements include:

1. Iowa has a high rate of colorectal cancer compared to the rest of the nation. Iowa ranks 46 out of

50 for the number of diagnosed incident cases of invasive colorectal cancer⁴⁴

2. Nearly 67 percent of Iowa adults are overweight or obese (34.5 percent and 34.1 percent respectively)⁴⁵. These rates continue to increase. State funding for obesity is currently limited to childhood obesity prevention, with \$111,995⁴⁶ allocated to the cause in the Healthy Children and Families appropriation.
3. Diabetes is the seventh leading cause of death in Iowa, with 8.8 percent of non-pregnant adults reporting they have been told by a doctor that they have diabetes⁴⁷. Although this represents a decline since 2014, Iowa's rates⁴⁸ are nearly double the national benchmarks for two indicators:
 - End stage renal disease due to diabetes per million population
 - Hospital admissions for uncontrolled diabetes without complications per 100,000 population

There is no state funding allocated for diabetes prevention or management.

4. Heart disease is the leading cause of death in Iowa, followed by cancer⁴⁹. Cancer deaths are expected to overtake heart disease deaths in the next several years.
5. The number of new cases of cervical cancer per 100,000 women has been steadily decreasing for the last 30 years⁵⁰.
6. Iowa has one of the largest proportions of undiagnosed people living with HIV among the 50 states⁵¹. Iowa excels at linking newly diagnosed people with HIV to care and helping them achieve suppression of the virus; however, the state ranks 47 among states at finding and testing undiagnosed individuals.
7. An estimated 17,000 traumatic brain injuries occur in Iowa annually⁵². This number does not include the number of individuals who sustain a brain injury from other non-trauma events such as stroke, near drowning, or poisoning/toxic exposure.

What Are Our Goals?

Additional work in the areas of chronic disease prevention and management will continue to be a primary focus of IDPH. The department's goals for work funded by the Chronic Conditions appropriation include:

1. Increase the implementation of evidence-based statewide initiatives for screening and prevention, including integration with clinical care.

⁴⁴ Health Indicators Warehouse found at <http://www.healthindicators.gov/> Data based on National Program of Cancer Registries, Bridged-Race Population Estimates for Census 2000 and 2010; and Surveillance, Epidemiology, and End Results (SEER) Program, 2011.

⁴⁵ IDPH, Health in Iowa Annual Report from the 2015 Behavioral Risk Factor Surveillance Survey, 2016.

⁴⁶ 2016 Iowa Acts, House File 2460, Division III, Sec. 3, § 123(2)(e).

⁴⁷ IDPH, Health in Iowa Annual Report from the 2015 Behavioral Risk Factor Surveillance Survey, 2016.

⁴⁸ 2014 National Healthcare Quality and Disparities. Report accessed at <http://nhqrnet.ahrq.gov/inhqrdr/iowa/dashboard>

⁴⁹ IDPH and University of Iowa, College of Public Health. Iowa 2015 State Health Profile, no publication date.

⁵⁰ IDPH and University of Iowa, College of Public Health. Iowa 2015 State Health Profile, no publication date.

⁵¹ Hall HI, An Q, Tang T, et al. Prevalence of Diagnosed and Undiagnosed HIV Infection — United States, 2008-2012. MMWR Morb Mortal Wkly Rep 2015; 64:657-662.

⁵² Iowa Department of Public Health, Division of Behavioral Health (2009-2014)

2. Continue the current trend in lower rates of coronary heart disease, stroke, and cancer.
3. Increase cancer screening rates for breast, colorectal and cervical cancer.
4. Decrease the rates of obesity and overweight among adults.
5. Align all funding for chronic infections diseases to fully implement the state plans for HIV, STD and Hepatitis prevention and care needs.

To accomplish these goals, increased flexibility is needed in this budget unit to align funding with the priority chronic conditions impacting the health of Iowans.

Chronic Conditions Budget Unit Recommendations

1. Revise the purpose statement for the budget unit appropriation to read '*For screening, preventing and managing chronic conditions or special health care needs*'.
2. Merge the allocations for the Prescription Drug Donation Repository from Community Capacity (\$413,415) and Chronic Conditions (\$129,411) into a single allocation of \$542,826 for the Prescription Drug Donation Repository in the Community Capacity appropriation. Reallocate 4.6 percent (\$25,000) of these funds to IDPH to enable the department to provide program oversight as required by Iowa Code chapter 135M.
3. Transfer the \$547,982 AIDS Drug Assistance Program (ADAP) appropriation to the Infectious Diseases budget unit and continue allocating the funds to IDPH.
4. Eliminate all other allocation paragraphs and maintain the total appropriation amount allocated to IDPH for screening, preventing and managing chronic conditions or special health care needs.

Community Capacity Budget Unit

Budget Unit Background

The Community Capacity FY17 appropriation of \$7,339,136⁵³ is intended to strengthen the local health care delivery system. The primary programs funded by this budget unit include:

- Various healthcare workforce programs aimed at training, recruitment, retention, loan repayment, and various other strategies ⁵⁴ - \$3.29 million
- Essential public health services, provided by local boards of health to promote healthy aging throughout one's lifespan⁵⁵ - \$1.16 million
- Increased access to healthcare services among the underserved population⁵⁶ - \$1.2 million
- Child vision screening programs aimed at preserving sight and preventing blindness⁵⁷ - \$0.2 million

In total, nearly 85 percent of the appropriation is specifically allocated to particular entities or for specific purposes. Allocations designated for specific entities or purposes include:

Allocation Title	Allocation Purpose	Allocation Recipient	FY17 Allocations	Reach
Access to Healthcare Services for Underserved	Support safety net partner engagement, program management through contracts and statewide coordination of the safety net network	Iowa Primary Care Association (IPCA)	\$160,285 ⁵⁸	Statewide, FY06 – FY16
Access to Healthcare Services for Underserved	Inform and educate Iowans about availability of rural health clinics and provide technical assistance to those clinics	Iowa Association of Rural Health Clinics via IPCA subcontract	\$25,000 ⁵⁹	2 conferences; 1 webinar; and website development, maintenance and hosting, FY13 – SF16
Access to Healthcare	Funds direct service support to free clinics and supports administrative and membership	Free Clinics of Iowa via IPCA subcontract	\$348,322 ⁶⁰	127,492 patient visits, FY05 – FY16

⁵³ 2016 Iowa Acts, House File 2460, Division III, Sec. 3, § 123(4).

⁵⁴ Several allocations for workforce programs are found throughout the Community Capacity budget unit. Workforce programs have been addressed in a separate legislatively requested report.

⁵⁵ 2016 Iowa Acts, House File 2460, Division III, Sec. 3, § 123(4)(c).

⁵⁶ 2016 Iowa Acts, House File 2460, Division III, Sec. 3, § 123(4)(g).

⁵⁷ 2016 Iowa Acts, House File 2460, Division III, Sec. 3, § 123(4)(a) and (n).

⁵⁸ 2016 Iowa Acts, House File 2460, Division III, Sec. 3, § 123(4)(g)(1)(c). (\$160,285+\$25,000 = \$185,285)

⁵⁹ 2016 Iowa Acts, House File 2460, Division III, Sec. 3, § 123(4)(g)(1)(c). (\$160,285+\$25,000 = \$185,285)

⁶⁰ 2016 Iowa Acts, House File 2460, Division III, Sec. 3, § 123(4)(g)(1)(a)(ii).

Services for Underserved	functions of the not-for-profit organization			
Access to Healthcare Services for Underserved	Train nurses as Sexual Assault Nurse Examiners (SANEs) and provide training to nurses and other members of Sexual Assault Response Teams (SARTs)	Iowa Coalition Against Sexual Assault via IPCA subcontract	\$50,000 ⁶¹	125 RNs trained as SANEs; 826 nurses and other members of SARTs attended conferences and regional training events, FY13 – FY16
Donated Medications	Manage the donated medications repository created by Iowa Code 135M	Iowa Prescription Drug Corporation Repository via IPCA subcontract	\$413,415 ⁶²	74,617 Iowans served and saved \$19.2M for medications FY07 – FY16
Volunteer Physician Network	Support operational costs of referral system and services	Volunteer Physician Network (Polk County Medical Society) via IPCA subcontract	\$213,748 ⁶³	12,784 referrals for free specialty care with \$24.8M in donated care since FY08
Iowa Donor Registry	Promote awareness of the Iowa Donor Registry created by Iowa Code 142C	Iowa Donor Network	\$250,000 ⁶⁴	Targeted focus campaigns in Black Hawk, Johnson, Jasper, Henry and Polk counties and the Latino population
Child vision screening	Provide vision screening for children 6 months of age through kindergarten	Iowa Kidsight!	\$99,414 ⁶⁵	379,536 children screened with 21,811 (6%) requiring referral and

⁶¹ 2016 Iowa Acts, House File 2460, Division III, Sec. 3, § 123(4)(g)(1)(a)(iii).

⁶² 2016 Iowa Acts, House File 2460, Division III, Sec. 3, § 123(4)(g)(1)(a)(i).

⁶³ 2016 Iowa Acts, House File 2460, Division III, Sec. 3, § 123(4)(g)(1)(a)(iv).

⁶⁴ 2016 Iowa Acts, House File 2460, Division III, Sec. 3, § 123(4)(m).

⁶⁵ 2016 Iowa Acts, House File 2460, Division III, Sec. 3, § 123(4)(a).

				follow-up, FY05 – FY16
Child vision screening	Train school nurses, lay volunteers, public health staff and others to provide vision screening for children preschool through 12 th grade	Prevent Blindness Iowa	\$100,000 ⁶⁶	1,046 individuals trained, FY09-FY16

Reports of Non-IDPH Entities Receiving Direct Allocations of FY17 State Funds⁶⁷

Iowa Kidsight! is a joint vision screening project of the University of Iowa Children’s Hospital, the Lions Club of Iowa and Early Childhood Iowa. The targeted population is children 6 months of age through kindergarten. General funds supported approximately 30 percent of the operating budget in FY16. The program reports receipts of \$1,121,540 in state funds since 2005.

Prevent Blindness Iowa provides training and support materials to school nurses and public health professionals regarding vision screening activities for children preschool through 12th grade. Since 2009, Prevent Blindness Iowa reports receipts of \$810,000 in state funds. During that time, Prevent Blindness Iowa reports training 1,046 individuals.

Iowa Primary Care Association (IPCA) serves as the liaison between members, grantees, policymakers, state agencies and others. IPCA convenes quarterly meetings, develops agendas and captures the Safety Net Provider Network achievements. IPCA develops subcontracts with other entities allocated funding in IDPH’s Community Capacity budget unit. A primary goal is to identify and address gaps in access to health care for underserved Iowans. IPCA reports receipts of \$1,924,842 in state funds since 2006.

Iowa Prescription Drug Corporation SafeNetRx manages five programs that provide free and low cost medications to vulnerable Iowans. In 2016, SafeNetRx served 11,590 Iowans and generated \$3,716,506 in medication savings. In total, 74,617 Iowans have saved \$19,213,487 in prescription drug costs through Safety Net Pharmaceutical Infrastructure programs. The program reports receipts of \$3,346,280 in state funds since 2007.

Free Clinics of Iowa (FCI) consists of an administrative office and 29 member clinics serving patients from 86 Iowa counties. The state funds are split, a portion of which are given to the free clinics to support operations and the remainder stays with FCI for administrative costs. In 2015, there were 11,447 total patient visits to the free clinics. The program reports receipt of \$2,853,483 in state funds since 2005.

Iowa Coalition Against Sexual Assault (ICASA) uses these allocated funds to increase the number of Sexual Assault Nurse Examiners (SANEs) in Iowa, particularly in rural Iowa. These funds are used to provide scholarships to nurses to attend SANE training. The funds are also used to support the annual Sexual Assault Response Team (SART) Summit. In 2016, 42 participants attended the SART summit and 28 nurses were awarded scholarships to attend SANE training. The program reports receipts of \$200,000 in

⁶⁶ 2016 Iowa Acts, House File 2460, Division III, Sec. 3, § 123(4)(n).

⁶⁷ See additional detail in budget unit allocation table.

state funds since 2013.

Volunteer Physician Network (VPN) - Polk County Medical Society uses these funds to provide specialty care for Iowans who require specialty care and are uninsured, or underinsured and below 200% of the federal poverty level thus ineligible for government funded programs. In 2016, the VPN provided 2,327 specialty care referrals and over \$5.4 million in free specialty care was donated by volunteer specialists and hospitals. The program reports receipts of \$1,363,163 in state funds since 2008.

Iowa Donor Registry reports using its allocated funding to create targeted campaigns and activities to educate and promote the donor registry in SE Iowa. Targeted online and social media marketing campaigns encouraging donation. The program started receiving state funds in 2016.

How Are We Doing?

IDPH is working to advance the General Assembly's goal of strengthening the health care delivery system at the local level. Notable programs and achievements include:

1. Success in increasing the number of pre-kindergarten children who received a comprehensive eye vision screening, preventing vision impairment through early identification⁶⁸.
2. Evidence of progress in access to care, with 95 percent of Iowans having health insurance⁶⁹.
3. Ranking in the highest quintile (#9) for State Well-Being Rankings for Older Americans (those 55 and older)⁷⁰.

What Are Our Goals?

Additional work in the area of strengthening the local health care delivery system will continue to be a primary focus of IDPH. The department's goals for work funded by the Community Capacity appropriation include:

1. Expand vision screening activities to address both age groups⁷¹ identified in the state vision and screening law by obtaining funding flexibility with vision screening allocations.
2. Determine the baseline for eye vision screening between kindergarten and third grade, implement screening activities and monitor compliance with the vision screening law⁷².
3. Increase access to basic primary care, specialty medical care and donated health care services for the underserved population.

To accomplish these goals, increased flexibility is needed in this budget unit to align funding with the department's priorities for strengthening the local health care delivery system.

⁶⁸ Iowa Kidsight. A Statewide Vision Screening Program for Infants and children, Iowa Children Screened by Year/Month, 2015.

⁶⁹ U.S. Census Bureau. American Community Survey Tables for Health Insurance Coverage: Health Insurance Coverage Status and Type of Coverage by State and Age for All People, Table HI05, 2015.

⁷⁰ Gallup Healthways Well-Being Index. 2015 State Well-Being Rankings for Older Americans, 2016.

⁷¹ Pre-kindergarten and children in kindergarten – second grade.

⁷² Iowa Code section 135.93D.

Community Capacity Budget Unit Recommendations

1. Transfer the \$1,164,628 essential public health services appropriation to the Healthy Aging budget unit and merge it with the existing \$7,297,142 Healthy Aging appropriation for a total of \$8,461,770.
2. Maintain the \$160,285 allocation to IPCA for administrative support of the collaborative safety net provider network⁷³.
3. Shift the allocations for Free Clinics of Iowa (\$348,322), the Iowa Association of Rural Health Clinics (\$25,000) and the Volunteer Provider Network (\$213,748) to IDPH (instead of IPCA) and require IDPH to continue the annual allocations for these specific recipients in the same amounts allocated in FY17.
4. Merge the allocations for the Prescription Drug Donation Repository from Community Capacity (\$413,415) and Chronic Conditions (\$129,411) into a single allocation of \$542,826 for the Prescription Drug Donation Repository in the Community Capacity appropriation. Reallocate 4.6 percent (\$25,000) of these funds to IDPH to enable the department to provide program oversight as required by Iowa Code chapter 135M.
5. Merge the allocations for the Iowa Coalition Against Sexual Assault from Community Capacity (\$50,000) and Public Protection (\$203,032) into a single allocation of \$253,032 for the Iowa Coalition Against Sexual Assault in the Public Protection budget unit.
6. Allocate all vision screening funding in this budget unit (\$199,414) to IDPH for vision screening programs.

⁷³ Iowa Code section 135.153.

Healthy Aging Budget Unit

Budget Unit Background

The Healthy Aging FY17 appropriation provides \$7,297,142⁷⁴ in funding that IDPH grants to local boards of health to pay for services that reduce health risks and promote good health over time. Each local board of health determines its priority areas for use of these funds in an annual application submitted to IDPH. Funding in this budget unit is generally used for programs benefitting older Iowans and members of vulnerable populations. Many of the activities or services paid for by these funds enable Iowans to maintain and improve health status and to live independently. This appropriation is used to fund the following local programs and activities in FY16:

- Home care aide services - \$4,026,821
- Nursing services - \$1,744,610
- Disease outbreak and health hazard investigations - \$1,030,453
- Collaborative relationships - \$449,823
- Health education, resource navigation, referrals and case management - \$231,671
- Community health needs assessment - \$214,787
- Screening and assessment, including injury prevention and foot care clinics - \$190,541
- Local boards of health support and member education - \$185,617
- Immunizations - \$122,326
- Alternative plans for services based on community need - \$99,839
- Public health system development - \$58,314
- Family support home visiting - \$38,472

The Healthy Aging dollars are funding of last resort and used only when no other funding source exists to pay for necessary health care services. Iowa Administrative Code 641—80 sets forth the formula IDPH uses to allocate these funds to local agencies. This is similar to the process used for allocating essential public health funds received through the Community Capacity budget unit.

There are no specifically directed allocations in this budget unit.

Reports of Non-IDPH Entities Receiving Direct Allocations of FY 17 State Funds

The General Assembly directed IDPH to request reports from contractors that have historically received state funds through earmarks in IDPH's appropriation language. There are no non-IDPH entities specifically allocated FY17 Healthy Aging funds, therefore no reports were requested for this budget unit.

⁷⁴ FY17 allocation found at 2016 Iowa Acts, House File 2460, Division III, Sec. 3, § 123(5).

How Are We Doing?

IDPH is working to advance the General Assembly's goal of reducing health risks, promoting good health over the lifespan and modernizing the public health system. Notable achievements and challenges include:

1. Nearly all recipients (98 percent) of homemaker services reported that the services helped them remain in their home⁷⁵.
2. A focus on education and referrals for chronic disease prevention, having an impact on the current trend of lower rates of coronary heart disease, stroke, and cancer⁷⁶.
3. Iowa's overall ranking decreased from 15th to 19th place in America's Health Ranking Senior Report for 2016⁷⁷.
4. Iowa ranks in the bottom five states for percentage of adults 65 years and older who are obese based on self-reported height and weight⁷⁸ and the proportion of all Iowa adults who are obese continues to increase⁷⁹.
5. The hospitalization rate related to falls for those who are ages 65 and over is increasing and moving away from the target⁸⁰.
6. Linn County Public Health achieved national accreditation and four other counties have started the Public Health Accreditation Board (PHAB) process (Cerro Gordo, Johnson, Scott and Siouxland District Health Department).

What Are Our Goals?

Additional work in the areas of reducing health risks, promoting good health and strengthening the public health system will continue to be a primary focus of IDPH. The department has the following goals for work funded by this budget unit:

1. Enhance activities for public health system development including community health needs assessment, health improvement plans, collaborative relationships, integration with clinical health care, and accreditation.
2. Provide gap-filling direct services for vulnerable individuals as the payer of last resort and as related to community needs.

Healthy Aging Budget Unit Recommendations

1. Transfer the \$1,164,628 essential public health services allocation from the Community Capacity appropriation to this budget unit and merge it with the existing \$7,297,142 Healthy Aging appropriation for a total of \$8,461,770.
2. Rename this budget unit from Healthy Aging to Essential Public Health Services to better reflect the broad range of activities and services funded with these dollars.

⁷⁵ Local Public Health Services Contract End of Year Report, FY16.

⁷⁶ IDPH. Healthy Iowans. Iowa's Health Improvement Plan 2012-2016 Are We Making Progress, September 2016.

⁷⁷ United Health Foundation. America's Health Ranking Senior Report, 2016.

⁷⁸ United Health Foundation. America's Health Ranking Senior Report, 2016.

⁷⁹ IDPH, Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System, 2015.

⁸⁰ 2010-2014. Unpublished report, Falls in Iowa by County, Table 2.

Infectious Diseases Budget Unit

Budget Unit Background

The Infectious Diseases FY17 appropriation provides \$1,335,155⁸¹ in funding to IDPH for programs that reduce the incidence and prevalence of communicable diseases. This appropriation is heavily supplemented with federal funding to support the following programs:

- Communicable disease surveillance; investigation of acute disease outbreaks; education and consultation with health care workers, public health partners and the public about infectious diseases.
- Reduction, and ultimately elimination of the incidence of vaccine-preventable diseases in Iowa.
- Minimization of the spread of tuberculosis in Iowa by promoting effective diagnosis and treatment for persons diagnosed with tuberculosis.
- Provide education, prevention, and treatment services for persons diagnosed with viral hepatitis.
- Maintain a community-based screening services program at 65 public clinics across Iowa, targeting screening services for those most at risk for adverse outcomes of undetected disease infection.
- Provide free prescription services to Iowans diagnosed with a sexually transmitted disease or tuberculosis to stop the spread of the disease.

There are no specifically directed allocations in this budget unit.

Reports of Non-IDPH Entities Receiving Direct Allocations of FY 17 State Funds

The General Assembly directed IDPH to request reports from contractors that have historically received state funds through earmarks in IDPH's appropriation language. There are no contractors receiving funds through direct allocations in this budget unit.

How Are We Doing?

The current lack of specifically directed allocations in the Infectious Diseases appropriation allows IDPH to make progress in advancing the Iowa General Assembly's directive to reduce the incidence and prevalence of communicable diseases in Iowa. Notable achievements include:

1. Continued protection of Iowans through IDPH's infectious disease surveillance program and investigation of acute outbreaks. In 2015, 118 outbreaks were investigated and to date in 2016, there have been 91 outbreaks reported. The most common organisms identified in 2016 include norovirus, influenza, salmonella and cryptosporidiosis.
2. Beginning in 2016, providing Hepatitis B and C screening to at-risk Iowans at the 65 clinics within the Community-Based Screening Program.

⁸¹ FY17 allocation found at 2016 Iowa Acts, House File 2460, Division III, Sec. 3, § 123(6).

3. An increase in the immunization coverage for all universally recommended vaccines for children 19 to 35 months of age⁸².
4. An increase in Tdap (tetanus, diphtheria, and whooping cough), meningococcal conjugate vaccine (MCV), female human papillomavirus (HPV) and male HPV vaccinations among Iowa's adolescents⁸³.
5. An increase in pneumonia and influenza vaccinations among Iowa's adults⁸⁴.

What Are Our Goals?

Additional work in the area of reducing the incidence and prevalence of communicable diseases will continue to be a primary focus of IDPH. The department's measurable goals for work funded by the Infectious Diseases appropriation include:

1. Increase the HPV vaccination rates among Iowa adolescents 13 to 17 years of age to the national goal of 80 percent.
2. The immunization rate among Iowa children 24 months of age will reach or exceed the national goal of 90 percent for the 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hepatitis B, 1 varicella, 4 pneumococcal conjugate vaccine series (4-3-1-3-3-1-4).
3. Increase the proportion of reported hepatitis C cases that include information about patient race and ethnicity to 95 percent (baseline 30 percent in 2015).
4. Increase the proportion of reported hepatitis C cases with RNA confirmatory testing to 90 percent (baseline 63 percent in 2015).
5. Investigate 100 percent of reported infectious disease outbreaks in alignment with department policies and procedures (118 outbreaks investigated in 2015).

Infectious Diseases Budget Unit Recommendations

1. IDPH recommends a transfer of the \$547,982 AIDS Drug Assistance Program⁸⁵ (ADAP) appropriation from the Chronic Conditions budget unit to the Infectious Diseases budget unit, continuing the allocation to IDPH for this specific purpose.

⁸² Healthy Iowans 2016 Report: Are We Making Progress?, IDPH, September 2016.

⁸³ Healthy Iowans 2016 Report: Are We Making Progress?, IDPH, September 2016.

⁸⁴ Healthy Iowans 2016 Report: Are We Making Progress?, IDPH, September 2016.

⁸⁵ 2016 Iowa Acts, House File 2460, Division III, Sec. 3, § 123(3)(c).

Public Protection Budget Unit

Budget Unit Background

The Public Protection FY17 appropriation provides \$4,399,191⁸⁶ in funding for protecting the health and safety of the public by directing IDPH to establish standards and enforce regulations that reduce the risk of injuries and prevent environmental exposures to harmful substances and practices. Public Protection funding is used for the following activities:

- Administering the Iowa Childhood Lead Poisoning Prevention Program and lead professional certification.
- Development, implementation, coordination, and evaluation of Iowa's Emergency Medical Services (EMS) System. State funds are allocated through this budget unit to the Emergency Medical Services Fund established by Iowa Code section 135.25. The EMS Fund provides a 1:1 match for counties which is used for acquisition of equipment, and provision of EMS education and training.
- Supporting the operations of the Iowa Office of the State Medical Examiner (SME). SME conducts a high volume of complex forensic autopsies and medical legal death investigations cases referred by county medical examiners. SME also provides support, guidance, education, consultation, and training to county medical examiners and investigators.
- Administration of the Certificate of Need (CON) program. CON is a regulatory review process required for proposed new or changed institutional health services.

Allocation language in this appropriation directs state general fund dollars to three specific recipient entities for FY17, and details specific purposes for one allocation. In total, 41 percent of this appropriation is specifically allocated to particular entities or for specific purposes. The remainder of the funding in this budget unit is allocated to IDPH for protecting the health and safety of the public.

Allocation Title	Allocation Purpose	Allocation Recipient	FY17 Allocation	Reach
EMS fund	To provide support for EMS system development including training, education, and equipment purchase	Local boards of health	\$454,700 ⁸⁷	82 counties applied for and received awards in FY16.

⁸⁶ 2016 Iowa Acts, House File 2460, Division III, Sec. 3, § 123(7).

⁸⁷ 2016 Iowa Acts, House File 2460, Division III, Sec. 3, § 123(7)(a).

Sexual violence prevention	Sexual violence prevention programming	Iowa Coalition Against Sexual Assault	\$203,032 ⁸⁸	2,115 professionals trained
Poison control center	To provide support for Iowa's State Poison Control Center	Iowa Poison Control Center	\$598,751 ⁸⁹	26,702 human exposure calls taken in FY16.
Childhood Lead Poisoning Prevention	To support state and local childhood lead poisoning prevention activities	Local boards of health	\$537,750 ⁹⁰	59,888 children under 6 years old were tested in FY16

Reports of Non-IDPH Entities Receiving Direct Allocations of FY17 State Funds⁹¹

Iowa Poison Control Center (IPCC) is the only poison control center in Iowa, serving residents in all 99 counties. In FY16, IPCC answered 26,702 human exposure calls. In FY16, this allocation provided 32% of the funding for the IPCC.

Iowa Coalition Against Sexual Assault (ICASA) uses the Public Protection funds allocated in this budget unit to help prevent first-time perpetration or victimization of sexual violence in areas of the state that do not receive federal Rape Prevention Education (RPE) dollars. A portion of this funding is retained by the organization to partially support two FTE. The program reports receipts of \$2,052,385 since 2007.

How Are We Doing?

1. Lead exposure testing - in FY16, 59,888 children under the age of 6 were tested.
 - a. Twenty-five percent of all children in Iowa under the age of 6 were tested.
 - b. The number of children who had at least one confirmed elevated blood-lead test prior to age 6 decreased from 512 to 296 between 2010 and 2015.
2. In CY16 to date, IDPH has managed 203 EMS complaint investigations, involving of 172 providers, 28 services, 2 training programs, and 1 hospital. The investigations led to enforcement action in 165 cases.
3. In FY16, the SME:
 - a. Performed 792 forensic autopsies, 132 of which involved drug intoxication. Nine of the 132 drug cases were opioid-related deaths.
 - b. Provided expert testimony in 21 homicide trials.

⁸⁸ 2016 Iowa Acts, House File 2460, Division III, Sec. 3, § 123(7)(b).

⁸⁹ 2016 Iowa Acts, House File 2460, Division III, Sec. 3, § 123(7)(c).

⁹⁰ 2016 Iowa Acts, House File 2460, Division III, Sec. 3, § 123(7)(d).

⁹¹ See additional detail in budget unit allocation table.

- c. Conducted over 900 consultations with county medical examiners, law enforcement officers and attorneys.
- 4. In FY16, the Iowa Poison Control Center (IPCC) handled 26,702 human exposure calls.
 - a. Forty-seven percent involved children less than 5 years of age and 86 percent of the pediatric poisonings were safely managed by phone consultation, avoiding unnecessary visits to a medical provider.
 - b. The estimated cost savings of eliminating unnecessary ambulance dispatches, transports and emergency department visits related to human exposure calls is approximately \$12.6 million.
 - c. For every dollar invested in the IPCC, an estimated \$13.40 is saved in medical costs.
- 5. Between 8/1/15 and 7/31/16, 6,818 youth received education on, and 2,115 professionals were trained on sexual violence prevention strategies.
- 6. IDPH annually registers and regulates over 2,250 public swimming pools and spas.

What Are Our Goals?

Additional work in the area of protecting the health and safety of the public will continue to be a primary focus of IDPH. The department has the following measurable goals for work funded by the Public Protection appropriation:

- 1. School reporting for the childhood lead program will increase to 98 percent of all districts reporting.
- 2. Complete at least three of the EMS system categorical recommendations provided to the State of Iowa from the National Highway Traffic Safety Administration (NHTSA) State of Iowa Reassessment of EMS Report (April 2015).
- 3. Pass inspection and achieve re-accreditation with the National Association of Medical Examiners (NAME) due in November 2017.
- 4. Meet increased demands for autopsy services (750 autopsies completed by SME in 2015, over 820 autopsies expected in 2016).
- 5. Reduce the incidence of reported forced sexual violence among Iowa high school students from 6.9 percent to 6.0 percent.

Public Protection Budget Unit Recommendations

- 1. Merge the allocations for the Iowa Coalition Against Sexual Assault from Community Capacity (\$50,000) and Public Protection (\$203,032) into a single allocation of \$253,032 for the Iowa Coalition Against Sexual Assault in the Public Protection budget unit.

Resource Management Budget Unit

Budget Unit Background

The FY 17 appropriation of \$1,005,072⁹² for Resource Management is used to partially fund administrative functions necessary to ensure IDPH's ability to deliver services to the public.

Resource Management funds are used to support the State Board of Health (statutory body responsible for development of public health policy); the Department Director and his or her executive secretary; human resources staff; department wide costs (examples include attorney general reimbursements; state auditor reimbursements; DAS billings (for capitol complex building rent); and OCIO billings (for IT related services)).

Overall, administrative expenses account for just 4 percent of the department's total budget (as of 07/01/16). The Iowa general fund only contributes 9.5 percent of the department's annual administrative expenses. The remaining 90.5 percent of IDPH's administrative expenses (i.e. finance, information management, planning services, Office of the Deputy Director, etc.) are paid using federal indirect funds.

Reports of Non-IDPH Entities Receiving Direct Allocations of FY17 State Funds

The General Assembly directed IDPH to request reports from contractors that have historically received state funds through earmarks in IDPH's appropriation language. There are no contractors receiving funds through direct allocations in this budget unit.

Resource Management Budget Unit Recommendations

IDPH recommends continuation of the current bill language for the Resource Management appropriation.

⁹² 2016 Iowa Acts, House File 2460, Division III, Sec. 3, § 123(8).

Appendix A – Contractor Reports

Delta Dental of Iowa/Dental Lifeline Network – Healthy Children and Families Allocation

Target Populations:

The Iowa Donated Dental Services (DDS) program makes oral health care accessible to low-income Iowa residents who have disabilities or who are elderly or medically fragile and cannot afford or otherwise access comprehensive dental treatment to address severe dental problems. The DDS program works to ensure that all such individuals receive necessary, substantive and maintainable dental care that restores their oral health and enhances their overall quality of life.

Types of Services Provided by State Funding:

Through the DDS program, vulnerable Iowa residents receive comprehensive dental treatment donated by a statewide volunteer network of 256 dentists and 36 dental laboratories. The volunteers each agree to help one or two eligible patients annually. On average, each patient receives more than \$3,700 worth of care, which may include extractions, restorations, dentures, crowns, bridges, implants, etc. Treatment plans typically last several months to a year or more. Dental laboratories donate or discount the fabrications that most DDS patients need, and several manufacturers donate materials needed for the lab fabrications. A Coordinator who works 32 hours per week manages program activities: determines eligibility, monitors patient progress, arranges for lab services and specialists and thanks volunteers.

Patients often come to the DDS program in excruciating pain from severe dental problems in addition to the other physical and financial challenges they are already experiencing due to their ages, disabilities or health conditions. For some, their poor oral health prevents them from pursuing life-saving medical treatment. In addition, many have endured humiliation and embarrassment due to the condition of their teeth. Their health, confidence, ability to eat and communicate and overall quality of life can be impacted. The DDS program enables these vulnerable individuals to access thousands of dollars in free, comprehensive, life-changing dental care that restores their oral health, relieves their suffering and enhances their overall health and quality of life.

Continuing Needs of the Organization to Meet Its Objectives:

While the volunteer dentists and many dental laboratories donate their services, we must raise funds to support their efforts and pay for the Coordinator who serves as a liaison between referring agencies, patients and volunteers; lab fabrications when we cannot find labs to donate; office supplies and other program expenses.

In addition to raising funds, we must continue to recruit volunteers. Although 256 dentists volunteer, most treat just one patient at a time and due to the comprehensive nature of the treatment provided, may thus only treat one patient annually. A quarter of the volunteers are specialists who may not be called upon every year, leaving 195 general dentists to accept initial referrals. Complicating the referral process, the geographic distribution of applicants and available dentists are not always aligned. With 188 patients treated during the recent fiscal year, 134 active cases and 57 individuals on the wait list, the volunteers are well-utilized, and we must continue to work to recruit more. Recruitment initiatives planned include:

- ☐☐Offering labels to attach to lab fabrications indicating the lab is a “Proud DDS Volunteer Lab” to encourage more of their dentist clients to participate.
- ☐☐Leadership Council members will attend each of the Iowa Dental Association Fall district meetings and speak about the DDS program and the need for volunteers.
- ☐☐Providing information at the Iowa Mission of Mercy (IMOM) in September and contacting all dentists after IMOM about volunteering with DDS.
- ☐☐A Leadership Council member from Delta Dental will help identify potential volunteer dentists, and Council members will contact them.
- ☐☐We will recognize volunteers at spring dental meetings to acknowledge them and encourage participation.

Continuing Needs of the Target Population to Improve Health Outcomes:

Despite having helped more than 1,300 Iowa residents since 2005, it is apparent that an overwhelming need still exists among individuals with disabilities or who are elderly or medically fragile. For example, we received 242 applications during the last fiscal year, and 57 people are on a wait list to be referred to volunteer dentists. Despite

all the patients we have helped over the years, a huge void still exists among some of Iowa's most vulnerable populations in terms of accessing treatment for serious dental problems.

As a result of their ages or disabilities, many of these individuals cannot work and depend on government assistance for health care. Yet Medicare does not provide dental coverage and Iowa's Medicaid program offers limited dental benefits for adults. Further, many individuals with disabilities or who are aged or medically fragile and can work earn just over the income threshold to qualify for Medicaid but cannot afford costly dental care or dental insurance. Public health clinics have dental programs, but have exceedingly long waiting lists and only provide basic services. As a result, many people with disabilities or who are aged or medically fragile suffer in agonizing pain from severe dental problems and have nowhere else to turn for help.

Thankfully, the DDS program is able to help these individuals access the care they need to restore their oral health and improve their overall health and quality of life.

Overview of State Funding:

Year	State Funding	Objectives	Results
2016	\$74,640	Help 170 patients access \$598,000 in donated treatment.	We helped 188 patients access \$669,682 in donated treatment.
2015	\$74,640	Help 210 patients access \$750,000 in donated treatment.	We helped 144 patients access \$546,320 in donated care, less than expected due to new staff who needed time to gain experience.
2014	\$31,597	Help 135 patients access \$396,000 in donated treatment.	We helped 158 patients access \$569,799 in donated treatment.
2013	\$31,597	Help 181 patients access \$540,000 in donated treatment.	We helped 165 patients access \$493,734 in donated treatment, less than expected due to new staff who needed time to gain experience.
2012	\$31,597	Help 181 patients access \$529,000 in donated treatment.	We helped 186 patients access \$564,973 in donated treatment.
2011	\$29,347	Help 155 patients access \$450,000 in donated treatment.	We helped 181 patients access \$525,579 in donated treatment.
2010	\$35,108	Help 140 patients access \$320,000 in donated treatment.	We helped 179 patients access \$472,960 in donated treatment.
2009	\$40,000	Help 115 patients access \$250,000 in donated treatment.	We helped 103 patients access \$289,438 in donated treatment.
2008	\$40,000	Help 110 patients access \$195,000 in donated treatment.	We helped 106 patients access \$257,361 in donated treatment.
2007	No State Funding	Help 75 patients access \$140,000 in donated treatment.	We helped 79 patients access \$173,930 in donated treatment.

*Report indicated 2007 first year of appropriations.

University of Iowa, College of Dentistry – Healthy Children and Families Allocation

Target Populations:

To be eligible for the Children's Oral Health for Underserved Populations (COHUP) Program, children and young adults must be under 21 years of age, reside in Iowa, and have no dental insurance or inadequate coverage to meet their needs. The family's income must be at or below 300% of the federal poverty level.

Types of Services Provided by State Funding:

Dental services covered by the COHUP Program include preventive and restorative treatment, as outlined in Iowa's Medicaid program.

Continuing Needs of the Organization to Meet Its Objectives:

The Department of Pediatric Dentistry's mission is to improve the oral health of infants, children, adolescents and their families with special emphasis given to improving the oral health of children with special health care needs and children of low-income backgrounds or with limited access to oral health services. The COHUP Program enables us to help meet this mission while easing the financial burden for these families.

Continuing Needs of the Target Population to Improve Health Outcomes:

The need for the Children's Oral Health for Underserved Populations Program remains very high. Without the COHUP Program, these low-income families may have chosen not to seek dental treatment due to the cost. Oral health is an integral component of overall health and untreated oral disease can affect health status and functioning. This program provides a vital safety net for meeting the dental needs of this underserved population.

Overview of State Funding:

Year	State Funding	Objectives	Results
2016	\$25,000	Provide primary dental services to 100 underserved children throughout the state.	139 children received dental care.
2015	\$25,000	Provide primary dental services to 75 underserved children throughout the state.	134 children received dental care.
2014	\$25,000	Provide primary dental services to 75 underserved children throughout the state.	135 children received dental care.
2013	\$25,000	Provide primary dental services to underserved children throughout the state.	111 children received dental care.

*Report indicated 2013 first year of appropriations

Brain Injury Alliance of Iowa – Chronic Conditions Allocation

Target Populations:

The Brain Injury Alliance of Iowa (BIAIA) is a not-for profit organization with offices and chapters in 9 communities, serving clients in all of Iowa's 99 counties. The target population is the more than 90,000 Iowans with long-term disability from brain injury (BI). The majority of clients served have BI from motor vehicle crashes or falls, are Caucasian, and are aged 25-64. They face barriers to employment; living independently; and are at risk for secondary conditions including mental illness, substance abuse, and poverty. BIAIA has expertise in serving individuals and families with BI and maintains a statewide referral network with hospitals, clinics, health centers, shelters, schools, case managers, MCO's and others. BIAIA has emerged as Iowa's center for navigating the complex physical, emotional, behavioral, cognitive, occupational, financial and other challenges of BI, access to services and to the prevention of disability from brain injury.

Types of Services Provided by State Funding:

For more than 35 years BIAIA has served the needs of Iowans with brain injury and their families. Our services and supports are historically grounded in the volunteer efforts of hundreds of individuals with brain injury and family members with a shared vision to improve access for future generations of BI survivors to support recovering from and/or adapting to brain injury. BIAIA remains supported, in large part by a volunteer network of more than 300 individuals in 8 chapter locations across the state that coordinate local support groups and awareness events. With State funding BIAIA provides a number of essential services. First, a program of Neuro-Resource Facilitation (NRF), a nationally recognized "best practice" for individuals with BI, actively supports clients in navigating choices of access to, and maintenance of access to medical, rehabilitation, treatment, and other services. NRF is an essential link for those with short-term challenges from BI thereby preventing or reducing long-term disability. Second, the Brain Injury Resource Network (IBIRN), which includes 230 medical, health, and disability service organizations. IBIRN links clients to services maximizing medical and post-medical recovery, rehabilitation and adaptation to life with BI. Third, a specialized BI information and resource packet (referred to as the "*BI Tote Bag*") provides rapid, relevant and reliable information and linkages to clients who reach an IBIRN partner or contact BIAIA. Fourth, an ongoing program of BI specialty trainings to IBIRN staff, individuals with BI and their families that has reached more than 18,000 individuals over the past decade. BIAIA's service provision supports its mission to provide help, hope, and healing for individuals with BI in the State of Iowa.

Continuing Needs of the Organization to Meet Its Objectives:

The Brain Injury Alliance of Iowa (BIAIA) is the only statewide organization serving Iowans with brain injury, their families and communities. With more than 90,000 Iowans with long-term disability from brain injury demand is significant and has been on the increase. This is due to a number of co-occurring factors including 1) increased survival of individuals with brain injury as a result of improved medical interventions; 2) increased awareness by the general public of the impact of brain injury from media reports of military and sports related incidence; and 3) service waiting lists (i.e. Medicaid Waiver) and the ongoing re-organization of systems providing medical treatment, rehabilitation services, and community based supports (e.g. Medicaid Managed Care). Such changes in access to care exacerbate the fact that brain injury often results in extreme difficulty navigating any "system of care". As incidence and awareness has increased so has demand for services and support. In response BIAIA has been adjusting its programs and operations to leverage its unique position as a hub of medical, rehabilitation, community based service, and patient advocacy expertise. The organization has increased its collaboration with existing local, regional and statewide providers including Statewide Associations, Hospital Systems, and Mental Health and Disability Services Regions. To this end we are partnering to provide expanded family and survivor education as well as more formal ventures such as BIAIA's recent launch of the *Iowa Concussion Consortium*, a partnership of more than 25 public health, medical, educational, family, and advocacy organizations focused on providing a consistent response to youth concussion management.

Continuing Needs of the Target Population to Improve Health Outcomes:

A majority of Iowans with brain injury and their families, communities, and employers navigate the complex landscape of brain injury without the specialized services and supports needed to avoid significant and negative financial, psychological, and social outcomes. With modest State Funding the programs of the Brain Injury Alliance

of Iowa have grown in scope and impact resulting in: 1) support of linkages to, and coordination of services across multiple clinical disciplines, as well as across local community, state and federal programs, and 2) significant cost and suffering avoidance, as well as positive fiscal return-on investment to individuals, families, employers and local and State funded programs. Yet individuals with brain injury and their families remain one of the most unserved and underserved populations. The impact of acquired brain injury has resulted in more than 90,000 Iowans navigating a primary physical, behavioral, cognitive or emotional disability from this condition. The consequences of brain injury are complex; variable; and intermittent. Treatment for brain injury has dramatically improved over the past 2 decades. Research shows that living without needed medical and community support costs individuals, families, employers, and the State significantly across medical, fiscal and social arenas. Specific impacts include: memory problems, depression, substance abuse, unemployment, secondary medical illness, secondary injury, poverty, homelessness, psychiatric commitment, incarceration, domestic violence, failure in school, abuse, neglect and exploitation. The Brain Injury Alliance of Iowa and its programs provide an essential gateway to information, guidance and support to recover from, and live well with brain injury.

Overview of State Funding:

Year	State Funding	Objectives	Results
2016	\$735,655	<p>A. Production and distribution of 1000 IBIRN Tote Bags annually.</p> <p>B. Provide Neuro-Resource Facilitation (NRF) statewide.</p> <p>C. Maintain a network of no less than 185 IBIRN distribution sites.</p> <p>D. Provide 12 brain injury specialty trainings to IBIRN sites, individuals with brain injury and their families.</p>	<p>A. 126% achieved with production and distribution of 1262 IBIRN Tote Bags.</p> <p>B. Achieved with 10 staff and 3978 active clients.</p> <p>C. 125% achieved with 231 IBIRN distribution sites.</p> <p>D. 475% achieved with 57 trainings to 3410 IBIRN staff, individuals with brain injury and/or their families.</p>
2015	\$751,130	<p>A. Production and distribution of 1500 IBIRN Tote Bags annually.</p> <p>B. Provide Neuro-Resource Facilitation (NRF) statewide.</p> <p>C. Maintain a network of no less than 150 IBIRN distribution sites.</p> <p>D. Provide 50 brain injury specialty trainings to IBIRN sites, individuals with brain injury and their families.</p>	<p>A. 121% achieved with production and distribution of 1817 IBIRN Tote Bags.</p> <p>B. Achieved with 9 staff and 3228 active clients.</p> <p>C. 123% achieved with 185 IBIRN distribution sites.</p> <p>D. 158% achieved with 79 trainings to 3176 IBIRN staff, individuals with brain injury and/or their families.</p>
2014	\$772,155	<p>A. Production and distribution of 1000 IBIRN Tote Bags annually.</p> <p>B. Provide Neuro-Resource Facilitation (NRF) statewide.</p> <p>C. Maintain a network of no less than 110 IBIRN distribution sites.</p>	<p>A. 143% achieved with production and distribution of 1432 IBIRN Tote Bags.</p> <p>B. Achieved with 8 staff and 2739 active clients.</p> <p>C. 131% achieved with 144 IBIRN distribution sites.</p>

Year	State Funding	Objectives	Results
		D. Provide 12 brain injury specialty trainings to IBIRN sites, individuals with brain injury and their families.	D. 416% achieved with 50 trainings to 1668 IBIRN staff, individuals with brain injury and/or their families.
2013	\$442,376	A. Production and distribution of 1000 IBIRN Tote Bags annually. B. Provide Neuro-Resource Facilitation (NRF) statewide. C. Maintain a network of no less than 110 IBIRN distribution sites. D. Provide 12 brain injury specialty trainings to IBIRN sites, individuals with brain injury and their families.	A. 125% achieved with production and distribution of 1247 IBIRN Tote Bags. B. Achieved with 8 staff and 3978 active clients. C. 136% achieved with 150 IBIRN distribution sites. D. 250% achieved with 30 trainings to 1458 IBIRN staff, individuals with brain injury and/or their families.
2012	447,475	A. Production and distribution of 1000 IBIRN Tote Bags annually. B. Provide Neuro-Resource Facilitation (NRF) statewide. C. Maintain a network of no less than 110 IBIRN distribution sites. D. Provide 20 brain injury specialty trainings to IBIRN sites, individuals with brain injury and their families.	A. 107% achieved with production and distribution of 1071 IBIRN Tote Bags. B. Achieved with 6 staff and 2353 active clients. C. 130% achieved with 143 IBIRN distribution sites. D. 135% achieved with 27 trainings to 1452 IBIRN staff, individuals with brain injury and their families.
2011	378,068	A. Production and distribution of 1500 IBIRN Tote Bags annually. B. Provide Neuro-Resource Facilitation (NRF) statewide. C. Maintain a network of no less than 110 IBIRN distribution sites. D. Provide 20 brain injury specialty trainings to IBIRN sites, individuals with brain injury and their families.	A. 102% achieved with production and distribution of 1529 IBIRN Tote Bags. B. Achieved with 6 staff and 1879 active clients. C. 122% achieved with 134 IBIRN distribution sites. D. 195% achieved with 39 trainings to 1269 IBIRN staff, individuals with brain injury and their families.
2010	431,412	A. Production and distribution of 1500 IBIRN Tote Bags annually. B. Provide Neuro-Resource Facilitation (NRF) statewide. C. Maintain a network of no less than 110 IBIRN distribution sites.	A. 116% achieved with production and distribution of 1741 IBIRN Tote Bags. B. Achieved with 6 staff serving an average of 374 active clients. C. 118% achieved with 130 IBIRN distribution sites.

Year	State Funding	Objectives	Results
		D. Provide 40 brain injury specialty trainings to IBIRN sites, individuals with brain injury and their families.	D. 110% achieved with 44 trainings to 1121 IBIRN staff, individuals with brain injury and their families.
2009	432,928	<p>A. Production and distribution of 1600 IBIRN Tote Bags annually.</p> <p>B. Provide Neuro-Resource Facilitation (NRF) statewide.</p> <p>C. Maintain a network of no less than 100 IBIRN distribution sites.</p> <p>D. Provide 44 brain injury specialty trainings to IBIRN sites, individuals with brain injury and their families.</p>	<p>A. 135% achieved with production and distribution of 2164 IBIRN Tote Bags.</p> <p>B. Achieved with 6 staff serving an average of 174 active clients.</p> <p>C. 128% achieved with 128 IBIRN distribution sites.</p> <p>D. 105% achieved with 46 trainings to 1864 IBIRN staff, individuals with brain injury and their families.</p>
2008	457,590	<p>A. Production and distribution of 1500 IBIRN Tote Bags annually.</p> <p>B. Provide Neuro-Resource Facilitation (NRF) statewide.</p> <p>C. Maintain a network of no less than 90 IBIRN distribution sites.</p> <p>D. Provide 44 brain injury specialty trainings to IBIRN sites, individuals with brain injury and their families.</p>	<p>A. 99% achieved with production and distribution of 1482 IBIRN Tote Bags.</p> <p>B. Achieved with 5 staff serving an average of 166 active clients.</p> <p>C. 110% achieved with 122 IBIRN distribution sites.</p> <p>D. 177% achieved with 78 trainings to 2187 IBIRN staff, individuals with brain injury and their families.</p>

*Report indicated 2008 first year of appropriations

Iowa Association of Community Providers – Chronic Conditions Allocation

Target Populations:

This program provides training, based upon national best practices and standards, to Iowa's brain injury service providers at all levels of the health care system. The desired outcome is to improve access to high quality rehabilitative services for individuals who have experienced brain injury.

Types of Services Provided by State Funding:

The following services are supported by state funding:

1. Statewide needs assessment of brain injury service providers
2. American Academy of Brain Injury Specialists Certification Training (Certified Brain Injury Specialists)
3. Regional trainings
4. Agency specific workshops
5. Outreach and training for Corrections staff (institutional and community based)
6. Individual case consultation
7. Outreach to increase provider capacity
8. Discharge planning and assistance for individuals who have challenging behavior
9. Organizational development of enhanced capacity to serve individuals experience multi-occurring disorders
10. Development of Iowa specific training curriculum.

Continuing Needs of the Organization to Meet Its Objectives:

To continue to provide the services listed above and produce the historical high quality outcomes the Iowa Association of Community Providers needs to continue to receive the same level of support. The Association is able to produce these outcomes as a result of state funding through IDPH and coordinating closely with its Medicaid Technical Assistance Program, the College of Direct Supports and funding for increased awareness and access to technology from the Coleman Institute at the University of Colorado.

Continuing Needs of the Target Population to Improve Health Outcomes:

1. Access to high quality services based upon nationally recognized best practices that decrease the amount and/or severity of disability-related conditions.
2. Access to services that manage brain injury as a chronic condition and promote best practices in increasing healthy activity levels and nutrition.
3. Access to services in the individual's community of choice to increase.

Overview of State Funding:

Year	State Funding	Objectives	Results
2016	\$75,999	A. Provider Training B. Case Consultation C. Certification Training D. Corrections Training	A. 25 Provider trainings, 889 professionals trained B. 28 agencies received individualized case consultation C. 35 individuals trained for Certified Brain Injury Specialist examination. 34 passed exam and became certified. D. Plan developed for needs assessment of Iowa Corrections system.
2015	\$64,489	A. Provider Training B. Case Consultation C. Certification Training	A. 31 provider trainings, 759 professionals trained B. 27 agencies received individualized case consultation.

Year	State Funding	Objectives	Results
		D. Corrections training E. Needs Assessment	C. 45 individuals trained for Certified Brain Injury Specialist examination. D. Two corrections trainings offered, 126 participants, 117 Re-Entry Guides for Brain Injury distributed. E. Needs assessment data collected, analyzed and report completed.
2014	\$64,489	A. Cognitive Rehabilitation Training B. Corrections training and Re-Entry guide C. Provider Training D. Case Consultation E. Technical Assistance to MHDS regions	A. Partnered with Mayo Clinic to revise cognitive rehabilitation training and develop feedback tool. 7 organizations trained (123 individuals), two sessions hosted at IACP annual convention. B. Brain Injury Re-Entry guide completed and distributed to corrections staff. IACP staff credentialed as a Certified Brain Injury Specialist Trainer, trained 40 individuals for certification examination. C. 37 trainings impacting 1,243 individuals D. 20 agencies received individualized case consultation. E. 3 case consultations completed with MHDS region staff as well offering presentations at regional conference.
2013	\$38,468	A. Convene Brain Injury Provider Advisory Group. B. Enhance current brain injury related training opportunities. C. Develop online training in collaboration with Iowa DHS. D. Partner with Iowa Department of Corrections to screen and train staff.	A. Convened 15 providers 5 times for Provider advisory group. B. Provided training to 42 agencies (1,630 individuals), provided technical assistance and consultation to 21 agencies C. Tested online curriculum with test group and made necessary edits for deployment on DHS website. D. Completed and printed Brain Injury Offender Re-Entry Guide. Offered 3 web based trainings to corrections staff.
2012	\$27,389	A. Convene Brain Injury Provider Advisory Group. B. Enhance current brain injury related training opportunities.	A. Convened 15 providers 4 times for Provider Advisory Group. B. Provided training to 48 agencies (1,356 individuals), provided technical assistance and consultation to 19 agencies.

Year	State Funding	Objectives	Results
		<p>C. Develop online training in collaboration with Iowa DHS.</p> <p>D. Partner with Iowa Department of Corrections to screen and train staff.</p>	<p>C. Worked with outside IT contractor on development of online training platform.</p> <p>D. Coordinating development of Brain Injury Offender Re-Entry guide. Developed web based training for IDOC staff to offer on-demand training.</p>
2011	\$29,155	<p>A. Convene Brain Injury Provider Advisory Group.</p> <p>B. Enhance current brain injury related training opportunities.</p> <p>C. Develop online training in collaboration with Iowa DHS.</p> <p>D. Develop cognitive rehabilitation training</p> <p>E. Partner with Iowa Department of Corrections to screen and train staff.</p>	<p>A. Convened 15 providers 5 times for Provider advisory group.</p> <p>B. Provided training to 45 agencies (1,200 individuals), provided technical assistance and consultation to over 20 agencies (98% said the training impacted their skills positively).</p> <p>C. Online curriculum developed.</p> <p>D. Cognitive rehabilitation training materials developed.</p> <p>E. Provided training to 4 groups of IDOC staff as well as individual case consultation for 5 individuals. Also supported brain injury screening efforts by IDOC staff.</p>
2010	\$74,731	<p>A. Convene Brain Injury Provider Advisory Group.</p> <p>B. Enhance current brain injury related training opportunities.</p> <p>C. Complete statewide needs assessment</p> <p>D. Develop cognitive rehabilitation training</p> <p>E. Develop Brain Injury in Corrections curriculum</p>	<p>A. Convened 15 providers 4 times for Provider advisory group.</p> <p>B. 7 scholarships to Iowa Providers to attend North American Brain Injury Societies annual conference, supported 36 Iowa service providers to attend Brain Injury Association of Iowa annual conference, 20 individual provider trainings were provided, consultation was provided to 8 individual provider agencies.</p> <p>C. Collaborated with University of Iowa to develop cognitive rehabilitation training for community based service providers.</p> <p>D. Collaborated with the Iowa Department of corrections to develop Brain Injury in Corrections curriculum.</p>
2009	\$63,464	<p>A. Convene Brain Injury Provider Advisory Group.</p> <p>B. Enhance current brain injury related training opportunities.</p>	<p>A. Convened 15 providers 4 times for Provider advisory group.</p> <p>B. Staff attended national and local conferences, scholarships offer to 6 service providers to attend national brain injury conference, coordinated 15 scholarships for Iowa providers to attend Brain Injury</p>

Year	State Funding	Objectives	Results
			Association of Iowa annual conference, hosted keynote brain injury related speaker at Brain Injury Association of Iowa annual conference, offered ACBIS training to 6 individuals.
2008	\$72,827	A. Convene Brain Injury Provider Advisory Group. B. Enhance current brain injury related training opportunities.	A. Convene Brain Injury Provider Advisory Group. B. Enhance current brain injury related training opportunities.
2007	\$40,000	A. Develop/administer statewide needs assessment of brain injury service providers. B. Enhance current brain injury related training opportunities.	A. Develop/administer statewide needs assessment of brain injury service providers. B. Enhance current brain injury related training opportunities.

*Report indicated 2007 first year of appropriations

Epilepsy Foundation of North/Central IL, IA, NE – Chronic Conditions Allocation

Target Populations:

Epilepsy is a chronic neurological disorder and 1 out of every 26 people will develop epilepsy in their lifetime. Despite all available treatments, 4 out of 10 people with epilepsy continue to experience uncontrolled seizures. Individuals with uncontrolled seizures are not able to drive a car and therefore have difficulties obtaining/maintaining employment and accessing medical care. Our programs and services address these challenges to help improve outcomes, such as helping with access to transportation resources in order to get to work when they can no longer have a driver's license and connecting with disability resource employment counselors so the proper accommodations can be in place in order to obtain/maintain employment. We provide education and develop partnerships with the following entities to help this underserved population: daycare centers so they know how to recognize and respond to seizures in children so parents are able to go to work and not be unemployed, physicians to help improve patient access and outcomes, school nurses and teachers so they know how to write plans for a safe environment for students with seizures while in school in order to get an education, first responders/law enforcement officers so they are able to distinguish, identify, recognize seizures from drunkenness/drug abuse to respond appropriately to decrease injury, wrongful arrests and death, caregivers/direct support staff of the senior population so they can recognize if an episode is a senior moment or a seizure moment, agency direct support staff for the mental health and disability population in order to recognize and respond appropriately to seizures in the group homes, pre vocational programs and community outings, transportation providers/bus drivers so they can recognize and respond to seizures appropriately when transporting consumers with epilepsy. Our programs and services are critical helping the approximately 30,000 Iowan's with epilepsy and the professionals who serve them.

Types of Services Provided by State Funding:

The Epilepsy Foundation North/Central Illinois, Iowa, Nebraska (EFNCIL) is a 501(c)(3) organization and an affiliate of the Epilepsy Foundation of America. The Epilepsy Foundation Iowa (EF Iowa) program consists of 2.5 FTE and a volunteer statewide community council of 10 members which oversees the Iowa budget for epilepsy programs and services. EF Iowa serves all 99 counties and as an EF affiliate of our national organization, we are able to leverage additional funding and access several CDC epilepsy education programs for specific groups: school personnel and school nurses so they know how to write plans for a safe environment for students with seizures while in school and safely respond to seizures in order to get an education, students to help dispel the stigma with epilepsy and decrease bullying, law enforcement so they are able to distinguish, identify and recognize seizures from drunkenness/drug abuse and to respond appropriately to decrease injury, wrongful arrests and death, first responders so they know how to approach and provide medical assistance during/after a seizure, caregivers/health care providers for seniors so they can recognize if an episode is a senior moment or a seizure moment and respond appropriately, agency direct support staff for the mental health and disability population in order to recognize and respond appropriately to seizures in the group homes, pre vocational programs and community outings, transportation providers/bus drivers so they can recognize and respond to seizures when transporting consumers with epilepsy, childcare providers at daycare centers so they know how to recognize and respond to seizures in children so parents are able to go to work and not be unemployed, as well as physicians & health staff to help improve patient access and outcomes. These programs not only educate on seizure recognition and first aid, but work to minimize the social stigma and misunderstanding that excludes persons with epilepsy from employment and community activities and work to increase individual and family understanding of epilepsy and its treatment; thereby allowing persons to maximize control of their seizures and minimize the human and financial burden of epilepsy. This program is the only sustainable epilepsy service in the state and the only resource available for individuals and families needing epilepsy information and services and significantly contributes to providing information, training, and educational materials to those who come in contact and work with people living with Epilepsy.

Continuing Needs of the Organization to Meet Its Objectives:

With limited capacity, we can't meet all the needs of this patient population and the professionals who serve them. With additional staff, we could continue to decrease emergency room visits, decrease costs to the Medicaid program, as well as decrease wrongful incarceration and wrongful termination of employment if we had more resources to educate to improve outcomes. Having additional staff placed regionally across the state would allow us to increase our CDC epilepsy education programs in more counties for a variety of groups. This is critically important, because

many individuals with epilepsy get wrongfully terminated from employment during or after a seizure, but don't meet the eligibility criteria for the following: disability, case management, waiver services, mental health & disability regional services and SSI/SSDI. EF Iowa serves this unique population of people of which many fall through the gaps in the system for services. When we provide education and programs to professionals, they are better able to serve the epilepsy population seeking help and when we educate individuals/families, they are able to access resources which they didn't realize were available to them, as well as implement self-management strategies with their epilepsy. We are the only resource filling this need across the state for the epilepsy population, thus the program needs additional staffing capacity so that we can continue to reduce the impact of epilepsy in the state of Iowa and with additional resources we could save the state of Iowa thousands of dollars in (1) preventing emergency room visits billable to Medicaid, (2) preventing unemployment or underemployment in persons with epilepsy, (3) saving lives in persons with uncontrolled seizures.

Continuing Needs of the Target Population to Improve Health Outcomes:

The *Institute of Medicine Epilepsy Across the Spectrum* Report provides objective, evidence-based advice to policymakers, health professionals, the private sector, and the public. "Effective treatments for epilepsy are available but access to treatment and timely referrals to specialized care are often lacking. Reaching rural and underserved populations, as well as providing state-of-the art care for people with persistent seizures, is particularly crucial. Living with epilepsy can affect employment, driving ability, and many other aspects of quality of life. The report stresses the importance of improved access to a range of community services, including vocational, educational, transportation, transitional care, and independent living assistance as well as support groups. The committee urged collaboration among federal agencies, state health departments, and relevant epilepsy organizations to improve and integrate these services and programs, particularly at state and local levels. Misperceptions about epilepsy persist and a focus on raising public awareness and knowledge is needed, the report adds. Educating community members such as teachers, employers, and others on how to manage seizures could help improve public understanding of epilepsy. The report suggests several strategies for stakeholders to improve public knowledge of the disorder, including forming partnerships with the media, establishing advisory councils, and engaging people with epilepsy and their families to serve as advocates and educators within their communities."

Overview of State Funding:

Year	State Funding	Objectives	Results
2016	\$149,823	<ul style="list-style-type: none"> *Facilitate a statewide education conference. *Facilitate at least 12 support group meetings. *Provide at least 15 epilepsy education programs for a variety of audiences, which may include direct care worker providers, educators, medical providers, community organizations and/or other target groups to increase education and responsiveness in managing persons with epilepsy. *Refer patients and caregivers to providers in the statewide network for services. *Ensure patients are informed of options available to them for medical coverage and services. 	<ul style="list-style-type: none"> *Facilitated the Iowa Seizure Smart Conference with 159 attendees. *Facilitated 55 support group meetings with 590 attendees providing education to overcome challenges with employment, transportation, housing and access to treatments/medications. *Conducted 72 epilepsy education programs for 2,446 individuals, to school personnel, school nurses, students, law enforcement, first responders, childcare providers, agencies, community resource providers, agencies and social service organizations. Plus, 440 officers with the County Sheriff's office completed the Seizure Training for Law Enforcement.

Year	State Funding	Objectives	Results
		<p>*Provide education, which may include the distribution of educational materials, such as literature/handouts and patient safety items such as epilepsy identification bracelets to people with epilepsy.</p> <p>*Provide improved access to care for people with epilepsy, which may include providing information or funding to arrange para-transit services or other door to door transportation, such as cab rides to support groups, meetings with employment counselors or other appointments/meetings related to supporting persons with epilepsy.</p> <p>*Improve access to care, reduce the prevalence of seizures and improve the quality of life.</p> <p>*Create and sustain a support network for patients with educators, health care providers and networks across the state.</p>	<p>*Organized 3 epilepsy education seminars educating on treatment options and self-management.</p> <p>*Provided one-on-one consultation to 329 individuals/families living with epilepsy to help overcome challenges with medical, employment, transportation, housing, schools and legal issues.</p> <p>*Provided information/resources to 327 Iowa professionals who work with those with epilepsy, including neurology clinics, hospitals, agencies, state departments and businesses.</p> <p>*Attended 286 networking meetings to advocate, inform and educate on epilepsy needs.</p> <p>*Refer to FY16 Final Report for complete results.</p>
2015	\$149,823	<p>*Facilitate a statewide education conference.</p> <p>*Facilitate at least 15 support group meetings.</p> <p>*Provide at least 18 epilepsy education programs for a variety of audiences, which may include direct care worker providers, educators, medical providers, community organizations and/or other target groups to increase education and responsiveness in managing persons with epilepsy.</p> <p>*Refer patients and caregivers to providers in the statewide network for services.</p> <p>*Ensure patients are informed of options available to them for medical coverage and services.</p> <p>*Provide education, which may include the distribution of educational materials, such as literature/handouts and patient safety</p>	<p>*Facilitated the Iowa Seizure Smart Conference with 180 attendees.</p> <p>*Facilitated 55 support groups with 595 attendees providing education to overcome challenges with employment, transportation, housing and access to treatments/medications.</p> <p>*Conducted 46 epilepsy education programs for 2,187 individuals to school personnel, school nurses, students, law enforcement, first responders, childcare providers, agencies, community resource providers, agencies and social service organizations who serve those with epilepsy.</p> <p>*Provided one on one consultation to 308 individuals/families living with epilepsy to help overcome challenges with medical, employment, transportation, housing, schools and legal issues.</p>

Year	State Funding	Objectives	Results
		<p>items such as epilepsy identification bracelets to people with epilepsy.</p> <p>*Provide improved access to care for people with epilepsy, which may include providing information or funding to arrange para-transit services or other door to door transportation, such as cab rides to support groups, meetings with employment counselors or other appointments/meetings related to supporting persons with epilepsy.</p> <p>*Improve access to care, reduce the prevalence of seizures and improve the quality of life.</p> <p>*Create and sustain a support network for patients with educators, health care providers and networks across the state.</p>	<p>*Provided epilepsy information/resources to 257 Iowa professionals who work with those with epilepsy, including neurology clinics, hospitals, agencies, state departments and businesses.</p> <p>*Attended 219 networking meetings reaching 4,198 persons to provide epilepsy information and resources.</p> <p>*Participated in 28 health fairs reaching 6,779 individuals with information on epilepsy recognition, first aid.</p> <p>*Refer to FY15 Final Report for complete results.</p>
2014	\$99,823	<p>*Facilitate a statewide education conference.</p> <p>*Facilitate at least 10 support group meetings.</p> <p>*Provide at least 12 epilepsy education programs for a variety of audiences, which may include direct care worker providers, educators, medical providers, community organizations and/or other target groups to increase education and responsiveness in managing persons with epilepsy.</p> <p>*Refer patients and caregivers to providers in the statewide network for services.</p> <p>*Ensure patients are informed of options available to them for medical coverage and services.</p> <p>*Provide education to recognize and manage people with epilepsy.</p> <p>*Create and sustain a support network for patients with educators, healthcare providers, employers and other entities.</p>	<p>*Facilitated the Hope on the Horizon Conference with 148 attendees.</p> <p>*Facilitated 55 support group meetings with 691 attendees providing education to overcome challenges with employment, transportation, housing and access to treatments/medications.</p> <p>*Conducted 83 epilepsy education programs for 2,263 individuals to school personnel, school nurses, students, law enforcement, first responders, childcare providers, agencies, community resource providers, agencies and social service organizations who serve those with epilepsy.</p> <p>*Provided one on one consultation to 179 individuals/families living with epilepsy to help overcome challenges with medical, employment, transportation, housing, schools and legal issues.</p> <p>*Provided epilepsy information/resources to numerous Iowa professionals who work with those with epilepsy, including neurology</p>

Year	State Funding	Objectives	Results
		<p>*Improve access to care, reduce the prevalence of seizures and improve the quality of life.</p> <p>*Refer patients and caregivers to providers in the statewide network for services.</p> <p>*Develop relationships with healthcare providers and networks across the state to reduce the human and financial burden of epilepsy while reducing the prevalence of seizures.</p> <p>*Network with educators, school nurses and personnel to ensure children have individual health care plans and appropriate education services and accommodations in place to ensure access to resources needed to maximize their learning and safety.</p>	<p>clinics, hospitals, agencies, state departments and businesses.</p> <p>*Attended 206 networking meetings reaching 2,791 persons to provide epilepsy information and resources.</p> <p>*Participated in 27 health fairs reaching 5,912 individuals with information on epilepsy recognition, first aid.</p> <p>*Refer to the FY14 Final Report for complete results.</p>
2013	\$49,823	<p>*Facilitate a statewide education conference.</p> <p>*Facilitate at least 10 support group meetings.</p> <p>*Provide at least 6 epilepsy education programs for a variety of audiences, which may include direct care worker providers, educators, medical providers, community organizations and/or other target groups to increase education and responsiveness in managing persons with epilepsy.</p> <p>*Refer patients and caregivers to providers in the statewide network for services.</p> <p>*Ensure patients are informed of options available to them for medical coverage and services.</p> <p>*Provide education to recognize and manage people with epilepsy.</p>	<p>*Facilitated two conferences attended by a total of 294 people.</p> <p>*Facilitated 44 support groups with a total of 629 attendees providing education to overcome challenges with employment, transportation, housing and access to treatments/medications.</p> <p>*Conducted 42 epilepsy education programs for 1,592 individuals to school personnel, school nurses, students, law enforcement, first responders, childcare providers, agencies, community resource providers, agencies and social service organizations who serve those with epilepsy.</p> <p>*Provided one on one consultation to 467 individuals/families living with epilepsy to help overcome challenges with medical, employment, transportation, housing, schools and legal issues.</p> <p>*Provided epilepsy information/resources to numerous Iowa professionals who work with those with epilepsy, including neurology</p>

Year	State Funding	Objectives	Results
		<p>*Create and sustain a support network for patients with educators, healthcare providers, employers and other entities.</p> <p>*Develop relationships with healthcare providers and networks across the state to reduce the human and financial burden of epilepsy while reducing the prevalence of seizures.</p> <p>*Network with educators, school nurses and personnel to ensure children have individual health care plans and appropriate education services and accommodations in place to ensure access to resources needed to maximize their learning and safety.</p>	<p>clinics, hospitals, agencies, state departments and businesses.</p> <p>*Attended 210 networking meetings reaching 2,639 persons to provide epilepsy information and resources.</p> <p>*Refer to FY13 Final Report for complete results.</p>
2012	\$31,254	<p>*Provide 75 individuals/families with information on epilepsy.</p> <p>*Conduct a statewide family conference for at least 20 families.</p> <p>*Hold monthly support groups in Des Moines and Quad Cities and quarterly meetings in three other areas for 75 individuals.</p> <p>*Provide 75 school personnel/educators with epilepsy educational presentations.</p> <p>*Provide epilepsy educational presentations to 75 medical professionals and other workers in social service organizations, law enforcement and professional community organizations.</p> <p>*Provide epilepsy materials and information to at least 1,000 individuals who participate in health fairs, medical conferences and public events.</p> <p>*Participate in networking meetings to increase access to epilepsy referral and services through interaction with 50 representatives of schools, employers,</p>	<p>*Provided one on one consultation to 190 individuals/families living with epilepsy to help overcome challenges with medical, employment, transportation, housing, schools and legal issues.</p> <p>*Facilitated an epilepsy education conference in Ames attended by 82 people.</p> <p>*Held 10 support groups which were attended by 95 individuals providing education to overcome challenges with employment, transportation, housing and access to treatments/medications.</p> <p>*Conducted 9 epilepsy education programs to 310 individuals to school personnel, school nurses, students, law enforcement, first responders, childcare providers, agencies, community resource providers, agencies and social service organizations who serve those with epilepsy.</p> <p>*Participated in 5 health and community fairs reaching approximately 1,075 individuals with information on epilepsy, including seizure recognition and first aid.</p>

Year	State Funding	Objectives	Results
		state agencies, physicians and other social services agencies.	<p>*Attended 20 networking meetings with 800 people in attendance to provide epilepsy information and resources.</p> <p>*Refer to FY12 Final Report for complete results.</p>
2011	\$57,013	<p>*Provide 75 individuals/families with information on epilepsy.</p> <p>*Facilitate the Caring for Seniors program to 50 individuals.</p> <p>*Hold a statewide epilepsy conference to 25 families.</p> <p>*Hold support group meetings for 75 individuals.</p> <p>*Facilitate epilepsy education programs to 75 educators and 200 students.</p> <p>*Facilitate epilepsy education programs to 125 individuals to medical professionals, social service organizations, law enforcement personnel and professional community organizations.</p> <p>*Participate in health fairs, medical conferences and public events and provide epilepsy information to 1,500 individuals.</p> <p>*Distribute quarterly newsletter to 2,000 persons to increase their knowledge about epilepsy.</p> <p>*Attend networking meetings to increase epilepsy knowledge in 100 people.</p>	<p>*Provided one on one case consultation with 337 individuals/families living with epilepsy to help overcome challenges with medical, employment, transportation, housing, schools and legal issues.</p> <p>*Conducted 8 epilepsy programs for school personnel, first responders, law enforcement medical professionals and community organizations to 300 individuals.</p> <p>*Conducted 3 epilepsy programs for Seniors to 50 individuals.</p> <p>*Held 30 support groups which were attended by 207 individuals providing education to overcome challenges with employment, transportation, housing and access to treatments/medications.</p> <p>*Attended 44 networking meetings reaching 870 individuals to provide epilepsy information and resources.</p> <p>*Participated in 7 health fairs with information on epilepsy, including seizure recognition and first aid.</p> <p>*Hosted the Epilepsy Family Symposium in Iowa City with 47 in attendance.</p> <p>*The Foundation's e-newsletter The Wavelength was sent to more than 2,000 community professionals and persons with epilepsy in Iowa.</p> <p>*Refer to FY11 Final Report for complete results.</p>
2010	\$88,938	*Provide 125 individuals/families with information on epilepsy.	*Provided one on one case consultation to 265 individuals/families epilepsy to help overcome challenges with medical, employment,

Year	State Funding	Objectives	Results
		<p>*Provide 100 individuals with education through the Caring for Seniors National Program.</p> <p>*Conduct a statewide family conference for at least 50 families.</p> <p>*Hold monthly support groups in five different locations throughout the state for 100 individuals.</p> <p>*Give epilepsy education presentations to over 150 school educators and 300 students, at least 250 medical professionals, social service organizations, law enforcement personnel and professional community organizations.</p> <p>*Provide epilepsy information to approximately 3,000 individuals through health fairs, medical conferences and public events.</p> <p>*Distribute quarterly epilepsy newsletters to 2,000 physician's offices, clients, social service agencies and school nurses to increase knowledge of epilepsy, its treatment and epilepsy resources.</p> <p>*Attend networking meetings and increase interaction with schools, employers, state agencies, physicians and other social service agencies.</p> <p>*Provide 100 persons with increased access to service providers who are sensitive to the needs of persons with epilepsy through mutual referral systems.</p>	<p>transportation, housing, schools and legal issues.</p> <p>*Conducted 12 programs for school personnel to teachers, staff and school nurses for 267 individuals.</p> <p>*Conducted 5 epilepsy programs to community groups and workplaces.</p> <p>*Conducted 16 epilepsy programs to nursing homes for 435 caregivers</p> <p>*Conducted epilepsy education programs for 12 police officers.</p> <p>*Hosted the Understanding Epilepsy Conference in Johnston for 85 individuals.</p> <p>*Facilitated support groups in 5 cities for 156 individuals providing education to overcome challenges with employment, transportation, housing and access to treatments/medications.</p> <p>*Participated in 9 health fairs which were attended by 2,200 individuals.</p> <p>*Attended 19 networking meetings, which were attended by 595 individuals.</p> <p>*The WaveLength e-newsletter was sent to over 2,000 community professionals and individuals with epilepsy in Iowa.</p> <p>*Refer to FY10 Final Report for complete results.</p>
2009	\$100,000	<p>*Provide 75 individuals/families with information about epilepsy.</p> <p>*Conduct a statewide family conference.</p> <p>*Hold monthly support groups throughout the state for 200 individuals.</p> <p>*Give epilepsy education presentations to over 300 school personnel/educators and 600 students and over 250 medical</p>	<p>*Provided one on one case consultation to 145 individuals/families to help overcome challenges with medical, employment, transportation, housing, schools and legal issues.</p> <p>*Conducted a statewide Epilepsy: Issues & Answers conference in Johnston for over 100 people.</p>

Year	State Funding	Objectives	Results
		<p>professionals, nursing home staff and social service organizations.</p> <p>*Provide epilepsy information to approximately 3,000 individuals through health fairs, medical conferences and public events.</p> <p>*Distribute quarterly epilepsy newsletters to a variety of groups.</p> <p>*Attend network meetings with schools, employers, state agencies, physicians and other social service agencies.</p> <p>*Provide 75 individuals/families with information on epilepsy.</p>	<p>*Conducted the Sioux City Epilepsy Program for 30 individuals.</p> <p>*Held support groups at 5 locations, which were attended by 100 individuals providing education to overcome challenges with employment, transportation, housing and access to treatments/medications.</p> <p>*Conducted 7 epilepsy education programs to 125 teachers, staff and school nurses in 7 schools.</p> <p>*Conducted epilepsy education programs to 6 home healthcare agencies, 75 nurses at 2 hospitals and 34 staff at a children's healthcare facility for a total of 111 staff.</p> <p>*Held the Managing Students with Seizures training for school nurses to 50 Iowa school nurses.</p> <p>*Participated in 15 health and community fairs, which were attended by 5,300 individuals.</p> <p>*Distributed the e-newsletter The Wavelength to over 2,000 in Iowa.</p> <p>*Attended numerous network meetings.</p> <p>*Refer to FY09 Final Report for more results.</p>
2008	\$100,000	<p>*Organization will hire a service coordinator and establish an office in Iowa.</p> <p>*Develop a mailing list of existing neurologists, community service organizations, schools, state vocational rehabilitation offices, public health offices and hospitals throughout Iowa.</p> <p>*Provide epilepsy education to persons with epilepsy and members of their families.</p> <p>*Establish support groups throughout the state.</p>	<p>*Received funds to open an office in July of 2007. A service coordinator was hired and began work 9/5/2007 and a community council of 10 individuals was established to advise and assist in the planning, development and execution of services.</p> <p>*Contacts have been made statewide with Neurologists, School nurses, County Public Health offices, Social services agencies working with persons with developmental disabilities, traumatic brain injuries, and related conditions.</p> <p>*The Foundation has participated in three health fairs.</p>

Year	State Funding	Objectives	Results
		<p>*Advocate for and refer persons with epilepsy to existing services.</p>	<p>*A day-long Family Conference in Iowa City was held in November.</p> <p>*Programs on Seizure Recognition and First Aid have been given to teachers, staff, school nurses, and school bus drivers in 10 elementary schools, 40 bus drivers and 4 home health agencies.</p> <p>*The Foundation's quarterly educational newsletter has been sent to more than 2,000.</p> <p>*Direct service related to information on epilepsy, problems with employment, medication, and general support has been given to 85 families.</p> <p>*Information, referral, and assistance have been provided and support groups have been established.</p> <p>*Refer to FY08 Final Report for more results.</p>

*Report indicated 2008 first year of appropriations

University of Iowa Mobile Regional Child Health Specialty Clinics – Chronic Conditions Allocation

Target Population(s):

Child Health Specialty Clinics (CHSC) is a community-based public health agency that serves Iowa children and youth with special health care needs and their families. There are over 150,000 Iowa children with special health care needs with chronic physical, developmental, behavioral, and emotional needs. The Division of Child and Community Health (DCCCH) oversees CHSC and administers Iowa's Maternal and Child Health (MCH) Title V program for children and youth with special health care needs (CYSHCN) in partnership with the Iowa Department of Public Health.

Types of Services Provided by State Funding:

CHSC provides gap-filling clinical services and care coordination for CYSHCN, including telehealth appointments, to connect families with specialists they may not otherwise have access to. CHSC staff also provide family to family support and care coordination for families. CHSC's Family Navigators have firsthand experience as a parent or caregiver of a child with special health care needs. CHSC has a network of 14 regional centers and 4 satellite locations across Iowa, employing over 120 public health professionals, clinical providers, and family members who work with communities to build partnerships, improve coordination of services, and promote optimal child health.

Continuing Needs of the Organization to Meet Its Objectives:

DCCCH and CHSC continue to reach out to rural areas of the state and are building CHSC's telehealth infrastructure to increase access for children and youth to specialists.

Continuing Needs of the Target Population to Improve Health Outcomes:

There is a lack of pediatricians, child psychiatrists, and other pediatric specialists in many parts of the state. The needs assessment completed by Iowa's MCH Title V program in 2015 identified access to specialists as the number one need of the state's MCH population including children and CYSHCN. The Iowa Medical Society reported that in 2012, Iowa ranked 44th in the nation for the number of pediatricians per capita and 42nd for the number of child and adolescent psychiatrists per capita. The Health Resources and Services Administration (HRSA) has identified 89 of Iowa's 99 counties as Mental Health Care Shortage Areas.

Overview of State Funding:

Year	State Funding	Objectives	Results
2016	\$785,114	Assure community-based clinical consultation and care coordination to Iowa children with special health care needs and their families.	CHSC provided services and supports to approximately 2000 Iowa children and their families.
2015	\$785,114	Assure community-based clinical consultation and care coordination to Iowa children with special health care needs and their families.	CHSC provided services and supports to approximately 6000 Iowa children and their families.
2014	\$785,114	Assure community-based clinical consultation and care coordination to Iowa children with special health care needs and their families.	CHSC provided services and supports to approximately 6000 Iowa children and their families.
2013	\$785,114	Assure community-based clinical consultation and care coordination to Iowa children with special health care needs and their families.	CHSC provided services and supports to approximately 6000 Iowa children and their families.

Year	State Funding	Objectives	Results
2012	\$788,303	Assure community-based clinical consultation and care coordination to Iowa children with special health care needs and their families.	CHSC provided services and supports to approximately 6000 Iowa children and their families.
2011	\$811,952	Assure community-based clinical consultation and care coordination to Iowa children with special health care needs and their families.	CHSC provided services and supports to approximately 6000 Iowa children and their families.
2010	\$845,103	Assure community-based clinical consultation and care coordination to Iowa children with special health care needs and their families.	CHSC provided services and supports to approximately 6000 Iowa children and their families.
2009	\$930,646	Assure community-based clinical consultation and care coordination to Iowa children with special health care needs and their families.	CHSC provided services and supports to approximately 6000 Iowa children and their families.

*Report indicated 2009 first year of appropriations

University of Iowa Child Health Specialty Clinics Regional Autism Assistance Program – Chronic Conditions Allocation

Target Populations:

Child Health Specialty Clinics (CHSC) is a community-based health agency that serves Iowa children and youth with special health care needs and their families. The Division of Child and Community Health (DCCCH) oversees CHSC and administers the Iowa Regional Autism Assistance Program (RAP). RAP supports children and youth, birth to 21 years of age and their families who have concerns of an Autism Spectrum Disorder (ASD) diagnosis or have a confirmed diagnosis of ASD. RAP partners with families, communities, service providers, stakeholders, and state agencies to assure a system of care for Iowa's children, youth, and families with special health care needs.

Types of Services Provided by State Funding:

The mission of the Iowa RAP is to coordinate educational, medical, and other services and supports for children and youth with or who are suspected of having an ASD, their families, and providers. RAP has dedicated professionals providing comprehensive, high-quality care coordination and family-to-family support. RAP is located in 14 CHSC Regional Centers in order to best serve Iowa families in all 99 counties. RAP teams may consist of Advanced Registered Nurse Practitioners (ARNP), Registered Nurses (RN), and Family Navigators (FN). All CHSC's FNs are professional staff members who receive ongoing training, are supervised by medical providers, and are also the parent or primary caregiver of a child or youth with a special health care need (CYSHCN). RAP teams also assist families with applying for the Autism Support Program (ASP). ASP is a legislative fund to provide Applied Behavior Analysis (ABA) services for eligible Iowa children under the age of 14 with a diagnosis of ASD, who meet income guidelines, and who do not have ABA coverage through Medicaid or their private insurance. RAP continues to collaborate with Pediatric Integrated Health Home providers and make appropriate referrals to assure a system of care for children and youth with ASD and their families. RAP teams also assist families who do not qualify for the ASP fund to connect to other ASD services.

Continuing Needs of the Organization to Meet Its Objectives:

RAP continues to enhance inter-agency collaboration and coordinate educational, medical, and other services for persons with ASD, their families, primary caregivers, and providers of services to persons with ASD. RAP also continues to deliver regionalized services by offering care coordination, family navigation, and integration of services through the statewide system of CHSC regional centers utilizing the community child health team model. The functionality of the RAP program occurs through coordination of diagnostic and assessment services, maintenance of a research base, coordination of in-service trainings, and providing technical assistance and consultation as needed. RAP convenes an expert panel at least quarterly to provide expert opinion on clinically relevant practices. The RAP expert panel also provides guidance on program implementation and administration. RAP meets regularly with the Iowa Department of Human Services, who is currently administering the ASP. RAP facilitates telehealth to deliver and coordinate interventions with providers and assists individuals to enroll in an integrated health home. RAP teams conduct outreach efforts to increase awareness of the family-centered services offered through the RAP and the state ASP fund.

Continuing Needs of the Target Population to Improve Health Outcomes:

Over 150,000 of Iowa's children and youth have special health care needs, including an estimated 10,670 children with ASD (1 in 68). These unique needs impact the entire family and involve multiple service systems. Iowa has a significant shortage of clinicians, specialists, and service providers resulting in significant gaps in resources available to children and youth with ASD in rural areas compared to those available in urban areas. This demonstrates a need to link and leverage existing resources in Iowa's fragmented ASD system of care. These shortages limit the ability to assess, identify and diagnose, and to enroll children and youth with ASD in early intervention services and supports. Families of children and youth with ASD face unique challenges that are best met by high-quality medical homes that encompass a comprehensive health care model. There is a need for standardized guidelines for transition planning for youth with ASD and their families. The resources and infrastructure available to CHSC and its partner organizations will continue to be used to enhance and integrate the care provided to Iowa's children and youth with ASD and their families.

Overview of State Funding:

Year	State Funding	Objectives	Results
2016	\$400,000	Assure 75% of children eligible for ASP and care coordination services will be served by RAP; Expert Panel meets quarterly.	RAP provided care coordination and family support to 80% of the families approved for ASP; Expert Panel met at least quarterly. (Transition to DHS)
2015	\$400,000	Assure 75% of children eligible for ASP and care coordination services will be served by RAP; Expert Panel meets quarterly.	RAP provided care coordination and family support to 100% of the families approved for the ASP; Expert Panel met at least quarterly.
2014	\$400,000	Assure 75% of children eligible for ASP and care coordination services will be served by RAP; Expert Panel meets quarterly.	RAP provided care coordination and family support to 100% of the families approved for the ASP; Expert Panel met at least quarterly.
2013	\$400,000	SF 446 directed CHSC to develop regional teams; convene an expert panel; and assist DHS in developing administrative rules for the ASP.	CHSC established RAP and regional center teams; convened an Expert Panel with regularly meetings; Administrative rules were developed.

*Report indicated 2013 first year of appropriations

Holden Comprehensive Cancer Center Melanoma Symposium – Chronic Conditions Allocation

Target Population(s):

State of Iowa and beyond

Types of Services Provided by State Funding:

Through the support of this grant, we are able to host a symposium each year that brings together experts in multiple disciplines to discuss collaborations and research advancing opportunities in the field of melanoma. Researchers with melanoma-related projects compete for seed funding by presenting their ideas to a peer review committee. Since the first symposium in 2013, the melanoma program has awarded nearly \$198,000 to University of Iowa researchers.

This grant allows us to house one of the largest melanoma bio-repository and registry in the nation. Accessible to University of Iowa researchers, as well as researchers from other institutions, this resource is fundamental to the discovery of new diagnostic/prognostic markers and therapeutic approaches.

Advancing basic and translational research is also possible because of this grant. The development of patient-derived xenografts (PDX) has proved to be valuable to understanding melanoma biology and the mechanisms underlying therapeutic response/resistance. A replication of this resource has been created by, and for, University of Iowa researchers. This work has led to data supporting an NCI Provocative Questions R21 Grant.

Grant support for our clinical trials has helped to accrue over 1,200 patients in just three years. Support has also helped secure funding from the National Cancer Institute (NCI) to become a NCI-designated Phase I site, giving patients earlier access to Phase I trials. In addition, our partnership with the Midwest Melanoma Partnership continues to flourish with the addition of another melanoma specialist here at Iowa.

Continuing Needs of the Organization to Meet Its Objectives:

Without the support given to us from the Iowa Department of Public Health, we wouldn't be able to meet any of our objectives. We use this grant to its fullest capacity each year. We continue to make advances in research that prove our credibility as a leading melanoma research center in the Midwest.

Continuing Needs of the Target Population to Improve Health Outcomes:

Improved health outcomes for melanoma patients in and around Iowa depend upon many things.

1. Access to a designated melanoma treatment center (for clinical trials). This includes,
 - transportation
 - housing
 - food
 - medications
2. Indirectly, funding for clinical trials is necessary to
3. Support system (family or friends).
4. Awareness for future prevention.

Overview of State Funding:

Year	State Funding	Objectives	Results
2016	\$150,000	1. Host a melanoma symposium.	1. Seventeen researchers presented their melanoma-related research projects at the fourth annual melanoma symposium. Seed grants were given to five projects, totaling \$49,000. The level of interest in the symposiums has led to the development of the Melanoma Research Group (MRG). This is a group of

Year	State Funding	Objectives	Results
		<p>2. Increase patient participation in the bio-repository and registry by 20% and extend this resource to MMP.</p> <p>3. Advance capabilities of isolating melanoma circulating tumor cells and basic science research with applicability for melanoma.</p> <p>4. Increase the number of active clinical trials and increase accrual to these trials.</p>	<p>scientists, clinicians and investigators who have a vested interest in melanoma research. Their mission is to unify and advance melanoma research on a national level. The MRG meets several times throughout the year to share ideas, provide feedback, form collaborations, and even offer funding for promising projects. Due to the specialization of this group, the number of attendees at the symposiums will be smaller but highly engaged.</p> <p>2. The melanoma bio-repository now has samples and corresponding clinical information on 1,072 melanoma patients (an increase of 195 from June 2015). Specimens collected include ocular, lymph node and metastatic tumor from patients with proliferative disorders of the skin and ocular tumors, mucosal (vaginal), acral lentiginous melanoma, and serum.</p> <p>3. Our lab continues to work on patient-derived xenografts (PDX), a valuable resource in investigating the biology of melanoma as well as the mechanisms underlying therapeutic response/resistance. (this is incomplete)</p> <p>Work on the PDX mice model has allowed the lab director to obtain data supporting an NCI Provocative Questions R21 Grant. Using the PDX tumor models, we learned that exposure of melanoma cells derived from these xenographs to vemurafinib changes the response to fluid sheer stress, a novel cancer biomarker that they discovered. This is a promising new direction of study and if successful, may be able to predict whether a patient will respond to vemurafinib treatment, independent of the genetic status of BRAF in the tumor. A future use of this resource is to establish PDX tumors from patients enrolled in Dr. Milhem's clinical trials involving combination of the epigenetic-targeting drug decitabine with vemurafinib/cobimetinib. Learning more about how this combination of drugs work might provide a roadmap for determining how melanoma patients respond to epigenetic targeting drugs in clinical trials.</p> <p>4. The melanoma clinical trials program has grown to 367 accruals since July 1, 2013. As of June 2016, the Holden Comprehensive Cancer Center (HCCC) has 18 active melanoma clinical trials.</p> <p>Dr. Milhem is the co-leader of The Experimental Therapeutic Program at the HCCC and due to his efforts, the National Cancer Institute has given grant funding to the University of Iowa to</p>

Year	State Funding	Objectives	Results
			<p>become an NCI-designated Phase I site. This designation allows melanoma patients earlier access to Phase I trials.</p> <p>Our partnership with the MMP continues to flourish as the network expands to more providers and advocates. Monthly conference calls keep members engaged as they discuss the development of clinical trials, patient education programs, fundraising, prospective collaborations, potential symposiums, website design/maintenance, and the newly developed My Melanoma app.</p> <p>The increased number of referrals to the HCCC has led to the hiring of a third melanoma specialist.</p>
2015	\$150,000	<ol style="list-style-type: none"> 1. Host a melanoma symposium. 2. Increase patient participation in the bio-repository and registry by 20% and extend this resource to MMP. 3. Advance capabilities of isolating melanoma circulating tumor cells and basic science research with applicability for melanoma. 4. Increase the number of active clinical trials and increase accrual to these trials. 	<ol style="list-style-type: none"> 1. The third annual melanoma symposium was attended by 53 people. Fourteen researchers presented their projects and four were given seed grants for a total amount of \$29,900. 2. The melanoma bio-repository has enrolled 877 melanoma participants (an increase of 109 since in June 2014). Ocular melanoma patients are now being added to the repository. 3. Focusing on the detection of melanoma specific genetic mutations has led to the formation of the Molecular Oncology Tumor Board. Scientists, doctors and clinicians come together to study genetic changes in all cancer types. This allows us to study potential targets for melanoma that have been implicated in tumor biology. <p>A product of the Molecular Tumor board is the newly developed Epigenetics Working Group. This group will focus on multiple key mechanisms other than those focused on genes. There are two main parts of this group.</p> <ol style="list-style-type: none"> a. Developing a melanoma model in zebrafish, looking at key differentiation pathways that can be translated into a clinical trial. Dr. Milhem used this data to complete a clinical trial combining vemurafinib with decitabine, an innovative combination exploring how melanoma resists vemurafinib. The IDPH grant helped collect all of the samples for the clinical trial and provided coordinator support for its development. Phase I trial is complete with results presented at the American Society of Clinical Oncology as a poster presentation. b. Studying how melanoma cells grow and survive, looking specifically at integrin biology. The IDPH grant provided access to a research graduate who facilitated the work.

Year	State Funding	Objectives	Results
			<p>We continue our work to develop new diagnostic methods for melanoma based on analysis of circulating tumor cells as well as biopsy specimens. This is based off of our lab work that has discovered that exposure of melanoma cells to fluid shear stress can discriminate benign from malignant cells. In addition to IDPH funding, the National Cancer Institute has given grant funding to support continued work in this area.</p> <p>4. There are now 314 patient accruals in melanoma clinical trials (this number is a correction from the final report which stated 270 accruals). We've added another melanoma oncologist to our team to help with the growing number of clinical trials. Dr. Milhem has since been able to open four new novel clinical trials exploring different therapeutic options for patients including but not limited to immunotherapy and epigenetic therapy.</p> <p>The MMP is now officially a non-profit organization. Three new clinical trials will be opening from this group in the next year.</p>
2014	\$150,000	<p>1. Host a melanoma symposium.</p> <p>2. Increase patient participation in the bio-repository and registry by 20% and extend this resource to MMP.</p> <p>3. Advance capabilities of isolating melanoma circulating tumor cells and basic science research with applicability for melanoma.</p> <p>4. Increase the number of active clinical trials and increase accrual to these trials.</p>	<p>1. 74 people attended the melanoma symposium; 20 researchers presented their melanoma-related projects.</p> <p>2. The melanoma bio-repository now has 768 participants. The newest addition is tissue from core biopsies.</p> <p>3. Work continues on the detection of melanoma specific genetic mutations.</p> <p>Using RareCyte technology, we have detected circulating cells in over a half dozen patients. Extra funding is needed to use this approach to measure response to therapy in ongoing clinical trials led by Dr. Mo Milhem. Progress has also been made in evaluating the potential of measuring resistance to fluid sheer stress as a biomarker of melanoma. This approach could determine if cells taken from a melanoma biopsy are responsive to certain therapies in the lab, and if it does, then it could guide clinical decision making.</p> <p>4. Since July 2013, 193 patients have been accrued to clinical trials. A Phase I Epigenetic Melanoma clinical trial has been completed and a manuscript submitted to the "Cancer Chemotherapy and Pharmacology" journal. Phase II of this trial is currently underway.</p>
2013	\$150,000	<p>1. Host a melanoma symposium and collaborate with the</p>	<p>1. The third annual melanoma symposium was attended by 53 people. Fourteen researchers presented their projects and four were given seed grants for a total amount of \$29,900.</p>

Year	State Funding	Objectives	Results
		<p>Midwest Melanoma Partnership (MMP) to strengthen melanoma research.</p> <p>2. Increase participation in the melanoma bio-repository by 30% and extend this resource to MMP.</p> <p>3. Advance capabilities of isolating melanoma circulating tumor cells and basic science research with applicability for melanoma.</p> <p>4. Increase the number of active clinical trials and increase accrual to these trials.</p>	<p>2. The melanoma bio-repository has enrolled 877 melanoma participants (an increase of 109 since in June 2014). Ocular melanoma patients are now being added to the repository.</p> <p>3. Focusing on the detection of melanoma specific genetic mutations has led to the formation of the Molecular Oncology Tumor Board. Scientists, doctors and clinicians come together to study genetic changes in all cancer types. This allows us to study potential targets for melanoma that have been implicated in tumor biology.</p> <p>A product of the Molecular Tumor board is the newly developed Epigenetics Working Group. This group will focus on multiple key mechanisms other than those focused on genes. There are two main parts of this group.</p> <p>a. Developing a melanoma model in zebrafish, looking at key differentiation pathways that can be translated into a clinical trial. Dr. Milhem used this data to complete a clinical trial combining vemurafinib with decitabine, an innovative combination exploring how melanoma resists vemurafinib. The IDPH grant helped collect all of the samples for the clinical trial and provided coordinator support for its development. Phase I trial is complete with results presented at the American Society of Clinical Oncology as a poster presentation.</p> <p>b. Studying how melanoma cells grow and survive, looking specifically at integrin biology. The IDPH grant provided access to a research graduate who facilitated the work.</p> <p>We continue our work to develop new diagnostic methods for melanoma based on analysis of circulating tumor cells as well as biopsy specimens. This is based off of our lab work that has discovered that exposure of melanoma cells to fluid shear stress can discriminate benign from malignant cells. In addition to IDPH funding, the National Cancer Institute has given grant funding to support continued work in this area.</p> <p>4. There are now 314 patient accruals in melanoma clinical trials (this number is a correction from the final report which stated 270 accruals). We've added another melanoma oncologist to our team to help with the growing number of clinical trials. Dr. Milhem has since been able to open four new novel clinical trials exploring different therapeutic options for patients including but not limited to immunotherapy and epigenetic therapy.</p>

Year	State Funding	Objectives	Results
			The MMP is now officially a non-profit organization. Three new clinical trials will be opening from this group in the next year.

*Report indicated 2013 first year of appropriations

Iowa Prescription Drug Corporation Prescription Drug Repository Program – Chronic Conditions Allocation

Target Populations:

The Iowa Drug Donation Repository serves Iowans whose income is at or below 200% of the Federal Poverty Level (FPL) and who are uninsured or underinsured. In addition to uninsured Iowans, this population includes Medicare eligible Iowans unable to pay for their medications, Medicaid patients in transition, underinsured individuals participating in the insurance marketplace and other insured patients in need of medications not covered through their health insurance - all of whom have incomes at or under 200% of the FPL.

Types of Services Provided by State Funding:

The Iowa Prescription Drug Corporation (DBA SafeNetRx) manages the Iowa Drug Donation Repository. Iowans in need can receive short term assistance in obtaining donated medications and medical supplies for no cost. The medications and supplies donated to the Iowa Drug Donation Repository are inspected by a pharmacist, distributed to medical providers or pharmacies and dispensed to Iowans in need. Over 200 prescribers and pharmacists partner with the Repository to dispense medications to Iowans who meet program criteria.

Any organization or individual in the country can donate medications in their original sealed containers or in tamper-evident packaging. Common donors include long-term care dispensing pharmacies, retail pharmacies, primary care and specialty clinics, community mental health centers, and individuals. Any pharmacy or medical facility with authorization to dispense per State of Iowa administrative rules (IAC 641 Chapter 109) may re-dispense donated medications.

Continuing Needs of the Organization to Meet Its Objectives:

Over 69,000 Iowans have received donated medication and supplies since the program was established in 2007, as reported by participating medical facilities and pharmacies. Over \$16.6M in free medical supplies and medications have been provided to participating medical facilities. The number of Iowans served annually has increased from 780 in 2007 to 11,590 in 2016. The number of patients served in FY2016 increased by over 1,000 compared to FY2015. Further, the value of donated medications increased by over \$ 1M between FY2015 and FY2016. Every \$1 used to administer the program yields over \$7 in donated medications and supplies.

In response to the high demand for behavioral health medications, SafeNetRx launched a systematic outreach initiative to mental health centers around the state, informing them about the Repository and encouraging them to become donor partners. As a result, access to donated behavioral health medications has increased significantly. Similarly, demand for high-cost cancer medications far exceeds the amount of cancer medications donated to the Repository. With grant funding from the Iowa Cancer Consortium, SafeNetRx is starting a program to encourage individual donations by placing cancer medication receptacles in cancer centers across the state.

Continuing Needs of the Target Population to Improve Health Outcomes:

Three examples from the Medical Assistance Program at the University of Iowa Hospitals and Clinics, a dispensing donor partner of the Repository, illustrate the significant out-of-pocket costs that may prevent individuals from being able to access critical medications, even if the individuals have Medicare or a high-deductible plan from the insurance marketplace. These situations illustrate the health care costs of individuals at or below 200% of the FPL. These are the types of needs the Repository addresses. The co-pay for medication for an 80-year old patient with Medicare Part D was \$936.85. A 62-year old individual with a Marketplace plan required medication that would have cost \$598.80, but he had a \$6,450 deductible before his pharmaceutical needs would be covered. A 59-year old patient with a disability on a Medicare Advantage plan required cancer medications with a co-pay of \$3,130. Although implementation of the ACA has reduced the number of uninsured individuals in the state, the demand for the Iowa Drug Donation Repository has continued to increase steadily. This trend may be attributed to increased demand among underinsured patients who are unable to access medications through their health plans due to high deductibles or lack of coverage for a prescribed medication. Without access to donated medications, many of these patients would simply go without medication, which could lead to serious health consequences which could have been avoided.

Overview of State Funding:

Year	State Funding	Objectives	Results
2016	\$129,411	Provide medications at no cost to uninsured and underinsured Iowans.	Generated \$3,807,618 in donated medications serving 11,590 Iowans
2015	\$129,411 + \$4,000 State Office of Rural Health	Provide medications at no cost to uninsured and underinsured Iowans.	Generated \$2,545,372 in donated medications serving 10,388 Iowans
2014	\$129,400 + \$4,000 State Office of Rural Health	Provide medications at no cost to uninsured and underinsured Iowans.	Generated \$2,605,366 in donated medications serving 8,605 Iowans
2013	\$129,411 + \$4,000 State Office of Rural Health	Provide medications at no cost to uninsured and underinsured Iowans.	Generated \$2,593,314 in donated medications serving 8,222 Iowans
2012	\$129,411 + \$3,000 State Office of Rural Health	Provide medications at no cost to uninsured and underinsured Iowans.	Generated \$1,924,488 in donated medications serving 7,567 Iowans
2011	\$138,271 + \$4,000 State Office of Rural Health	Provide medications at no cost to uninsured and underinsured Iowans.	Generated \$1,634,592 in donated medications serving 7,300 Iowans
2010	\$111,124	Provide medications at no cost to uninsured and underinsured Iowans.	Generated \$1,492,565 in donated medications serving 6,237 Iowans
2009	\$120,000	Provide medications at no cost to uninsured and underinsured Iowans.	Generated \$1,316,052 in donated medications serving 5,732 Iowans
2008	\$120,000	Provide medications at no cost to uninsured and underinsured Iowans.	Generated \$786,400 in donated medications serving 3,011 Iowans
2007	\$95,174	Provide medications at no cost to uninsured and underinsured Iowans.	Generated \$292,774 in donated medications serving 780 Iowans

*Report indicated 2007 first year of appropriations

University of Iowa Kidsight – Community Capacity Allocation

Target Populations:

Any young child living in Iowa who is six-months of age through kindergarten is the target population for vision screening through the Iowa KidSight program.

Parents, care providers, and educators are the target population for public education on the importance of early detection and treatment of vision problems in young children and on Iowa's Child Vision Screening Program.

Types of Services Provided by State Funding:

In collaboration with Early Childhood Iowa areas, objective vision screening for infants and young children throughout all of Iowa's 99 counties is offered at no cost to the public:

- Through Club visits and various publications, encourage Iowa Lions Club Volunteers to participate.
- Provide training for Iowa Lions Club Volunteers who adopt Iowa KidSight as a local community service project and extend the screenings.
- Assure that screening images taken are analyzed by appropriate medical specialists at the University of Iowa Hospitals and Clinics.
- Report screening results to parents and collaborators.

Educational services and materials are extended to the public about the risk of undetected/untreated vision loss:

- Provide informational brochures for parents to keep.
- Participate in various Fairs (i.e., health, county, State).
- Assure that the parents of any child with an abnormal vision-screening result are sent a referral letter with details about the need for a referral to an eye care professional.
- Conduct follow-up on any child with a screening result requiring referral.

Increasing Iowans' knowledge about children's eye health issues and to promote Iowa's Child Vision Screening Program:

- Develop relationships with child care providers and school nurses to ensure that children entering kindergarten have access to KidSight vision screening services.
- Include information pertaining to Iowa's Child Vision Screening Program in Iowa KidSight correspondence, literature, and presentations.

Support of community-based services and follow up:

- Communicate with collaborators on screening requests and results.
- Provide a referral list of local optometrists and ophthalmologists in referral packets.

Continuing Needs of the Organization to Meet Its Objectives:

Iowa KidSight operates on an incredibly small budget for the size and scope of the program--\$334,700 in total for FY 2015-2016 (State funding=\$99,414), serving 45,733 children across Iowa. An increase in State funding to meet public health objectives and reach higher goals is needed.

The most important aspect of a quality vision screening program is that children identified with a vision problem actually get to an eye doctor. As more children are screened, the number of children referred also increases. Staffing needs consequently increase to manage follow-up duties, as well as to manage all other aspects of carrying out the Program. Iowa KidSight currently has two staff members dedicated to follow-up efforts, and two additional staff members who redirect efforts to follow-up when they are not processing screening results. When follow-up staff was added in 2003, that staff person was working with 449 cases. Currently, follow-up staff is working with 3,418 cases.

For 16 consecutive years, Iowa KidSight has achieved increasing the proportion of young children who receive a vision screening. In addition, an effective volunteer-based infrastructure has been built throughout the State to be able to conduct vision screenings at low cost.

For less than \$8 per child, vision problems are detected that might otherwise go unnoticed or untreated. If common vision problems are not detected and treated during early stages of development, amblyopia can result --causing permanent vision loss, impacting learning and quality of life. Due to increases in projected operational costs for staff to manage various duties of this growing and successful public health program, that does not generate income, funding is essential to meet objectives.

Continuing Needs of the Target Population to Improve Health Outcomes:

The American Optometric Association reports the prevalence of vision problems that will develop in children:

- 1 in 10 children is at risk from undiagnosed vision problems
- 1 in 30 children will be affected by amblyopia (leading cause of vision loss in young children)
- 1 in 25 will develop strabismus (a risk factor for amblyopia)
- 1 in 33 will show significant refractive error such as near-sightedness, far-sightedness and astigmatism (also risk factors for amblyopia)

The American Association for Pediatric Ophthalmology and Strabismus recommends vision screening as an efficient and cost-effective method to identify children with visual impairment or eye conditions that are likely to lead to vision loss so that a referral can be made to an appropriate eye care professional for further evaluation and treatment.

A cost analysis of therapy for amblyopia published in the Journal of Ophthalmology showed that untreated amblyopia costs the U.S. nearly \$7.4 billion in earning power each year. There is a return of \$22 for each dollar spent on amblyopia diagnosis and treatment.

A child may not tell you that he or she has a vision problem because they may think the way they see is the way everyone sees. Likewise, parents may not recognize a child's vision problem. As many as 9750 children living in Iowa under the age of 5 need screening services to detect a vision problem that might otherwise go unnoticed until it is too late to successfully treat. If vision problems are detected and treated early in childhood, success rates increase markedly, and vision loss can be prevented.

Overview of State Funding:

Year	State Funding	Objectives	Results
2016	\$99,414	Increase the number of preschool-aged children who receive a comprehensive vision screening.	45,733 = Number of children screened. 3,418 = Number of children requiring referral and follow-up.
2015	\$99,414	Increase the number of preschool-aged children who receive a comprehensive vision screening.	42,304 = Number of children screened. 2,884 = Number of children requiring referral and follow-up.
2014	\$99,414	Increase the number of preschool-aged children who receive a comprehensive vision screening.	40,963 = Number of children screened. 2,812 = Number of children requiring referral and follow-up.
2013	\$99,414	Increase the number of preschool-aged children who receive a comprehensive vision screening.	37,450 = Number of children screened. 2,975 = Number of children requiring referral and follow-up.

2012	\$100,000	Increase the number of preschool-aged children who receive a comprehensive vision screening.	32,970 = Number of children screened. 1,850 = Number of children requiring referral and follow-up.
2011	\$63,592	Increase the number of preschool-aged children who receive a comprehensive vision screening.	32,164 = Number of children screened. 1,621 = Number of children requiring referral and follow-up.
2010	\$68,592	Increase the number of preschool-aged children who receive a comprehensive vision screening.	30,726 = Number of children screened. 1,481 = Number of children requiring referral and follow-up.
2009	\$100,000	Increase the number of preschool-aged children who receive a comprehensive vision screening.	29,916 = Number of children screened. 1,611 = Number of children requiring referral and follow-up.
2008	\$99,800	Increase the number of preschool-aged children who receive a comprehensive vision screening.	27,668 = Number of children screened. 1,068 = Number of children requiring referral and follow-up.
2007	\$97,300	Increase the number of preschool-aged children who receive a comprehensive vision screening.	23,179 = Number of children screened. 802 = Number of children requiring referral and follow-up.
2006	\$97,300	Increase the number of preschool-aged children who receive a comprehensive vision screening.	19,546 = Number of children screened. 607 = Number of children requiring referral and follow-up.
2005	\$97,300	Increase the number of preschool-aged children who receive a comprehensive vision screening.	16,917 = Number of children screened. 682 = Number of children requiring referral and follow-up.

*Report indicated 2005 first year of appropriations

Iowa Primary Care Association – Community Capacity Allocation

Target Populations:

Through collaboration, innovation, and advocacy, the Iowa Collaborative Safety Net Provider Network improves access to health services, quality of patient care, and the health of underserved individuals and families in Iowa. The Network targets RHCs, FCs, FQHCs, MCHs, CMHCs, FPAs, CHSCs, state agencies, universities, health-related associations (i.e. Iowa Behavioral Health Association, Iowa Association Area Agencies on Aging, etc.) and private foundations. The population defined as vulnerable has expanded over time due to changes in the system, but initially was uninsured populations at or below 200% of FPL. The Network worked with providers across the state to identify gaps beyond insurance status, including: behavioral health, transportation, high deductibles, rural health, elderly, oral health, transitions, language barriers, health literacy, social determinants of health, and pharmaceuticals. There are very few, if any, collaborations like Iowa's in other places in the country.

Types of Services Provided by State Funding:

Over the last decade, the Iowa PCA has served as the liaison between members, grantees, policymakers, state agencies, and others. The Iowa PCA has convened quarterly meetings, other learning events, supported and staffed work groups, and has collected, analyzed, and reported data. The Iowa PCA convenes all of the meetings, develops a rich agenda for each meeting based on trends in health care and issues of importance to the membership, and captures the Network's achievements. The meetings and communications have been effective for state agencies and other partners to disseminate information to safety net providers, solicit feedback, and has helped those partners to more rapidly respond to challenges. Recent meetings have featured reports from the grantees, a Social Determinants of Health overview, plans to expand behavioral health integration, and ways to assist providers in transitioning vulnerable populations into Medicaid managed care. Data collection is completed on an annual basis and is reported both in the annual report to IDPH and in an additional outside evaluation. Data collection looks at trends in patient demographics, enabling services provided, and service and return on investment data from the grantees.

The Iowa PCA develops subcontracts with grantees based on legislation and other Network priorities. The Iowa PCA receives quarterly reports and monthly invoices from grantees. Quarterly reports are monitored for accuracy and to ensure goals are being met. One month a year is chosen to audit the financial reporting of grantees. As the insurance and health care environment has changed, the Iowa PCA has assisted the Network in identifying new gaps and envisioning solutions by bringing in innovative leaders, facilitating conversation, and seeking consensus.

Continuing Needs of the Organization to Meet Its Objectives:

The Safety Net members and partners and staff at the Iowa PCA have done a great deal of work during the last few years to analyze the gaps in health care which still exist after Medicaid Expansion and the passage of the ACA and strategize about ways to address these gaps. The Safety Net needs continuing resources to capture the valuable knowledge added by bringing together the flexible non-partisan Advisory and Leadership groups to implement these new strategies to address gaps. These include: further education and implementation of ways to address Social Determinants of Health, the continuation and expansion of programs to ensure affordable prescription drugs are available, and behavioral health integration, among others. Iowa PCA would use additional resources to host additional conferences, webinars and conversations featuring national and local experts, similar to the 2016 Behavioral Health Integration Summit. Exploring the use of direct technical assistance to Safety Net providers by the Iowa PCA is also being considered to improve health outcomes. The information shared by constituent members has resulted in information and data collected, which has given the Iowa PCA and the Safety Net a much better understanding who is being served. However, with appropriate resources the opportunity exists to expand the data collection to identify gaps and trends in health care earlier and assist providers to respond more quickly. The online presence and outreach of the Safety Net also could be updated to become more interactive, attract new community partners, allow for tracking and mapping of data for public reference, and improve resources for providers.

Continuing Needs of the Target Population to Improve Health Outcomes:

Although some health care barriers and issues were improved by the passage of the ACA, many barriers still need to be addressed for the Safety Net population. Barriers include: access and coordination of behavioral health care, oral health provider gaps as few providers take Medicaid dental coverage, managed care gaps in areas where adequate providers for a managed care organization or specialty have not yet been in contract, increasing community

awareness of Social Determinants of Health and how much these factors impact a patient's future health outcomes, health literacy particularly for persons new to insurance coverage - which includes moving patients from emergency department reliance, employment flexibility for patients to receive medical services, pharmaceutical costs, health disparities among populations, out of pocket costs for health care services, workforce shortages, transportation - which presents unique struggles both for rural and urban patients, and language barriers. Increasing accessibility and affordability for some of these services, such as behavioral health services or prescription drugs, will assist health outcomes directly as patients will get services or prescriptions which they otherwise may have gone without. Other difficulties are more systemic and incremental health outcomes, such as changing social determinants of health, and will be improved by further education, study and development of services by coordination and collaboration with local communities, government and other health care providers.

Overview of State Funding:

Year	State Funding	Objectives	Results
2016	\$157,071	<p>1) The Contractor shall develop a plan and process to logically and systematically implement the Iowa Collaborative Safety Net Provider Network.</p> <p>2) The Contractor shall provide oversight for maintaining an effective Safety Network Leadership Group.</p> <p>3) The contractor shall provider oversight for maintaining an effective Safety Network Advisory Group.</p> <p>4) The Provider shall manage a database of all community health centers, rural health clinics, free clinics, maternal and child health centers, the expansion population provider network as described in chapter 249J, local boards of health that provide direct services, Iowa family planning network agencies, child health specialty clinics, and other safety net providers. The data collected shall include the demographics and needs of</p>	<p>The four Safety Net grantees served nearly 12,000 patients during Fiscal Year 2016 and provided \$9.2 million in free services and prescription drugs to Iowans. Due to the number of health care changes over the past few years, including implementing Medicaid Modernization during FY 16, the Safety Net Advisory and Leadership Groups had a re-envisioning meeting to note what had been accomplished over the last decade, the changes in health care which have affected the Safety Net and what remaining and new gaps still exist and what resources are needed to address those gaps. Safety Net members identified that issues still exist for undocumented Iowans, Iowans who cannot afford their plan deductibles, mental and behavioral health gaps, addressing the whole health of the person (including Social Determinants of Health) and some expressed concern that gaps have appeared and may continue to appear until all of the bugs are worked out of Medicaid managed care. In an effort to learn more about these concerns, Iowa PCA staff brought in national experts to discuss Social Determinants of Health and how Iowa providers and communities can work together. The Iowa PCA is facilitating a Behavioral Health Integration Summit, and has kept the Safety Net updated on the managed care transition and SIM. The Iowa PCA has offered regular updates and technical assistance on managed care as well. The joint Advisory and Leadership Group met four times this year and the Messaging, Data, and Pharmaceutical Safety Net committees met periodically during the fiscal year. The messaging committee looked at expanding the groups the Safety Net serves and increasing the variety of members who serve on the advisory group. The Messaging Workgroup also noted ways to more effectively communicate the three goals of the Safety Net – Access,</p>

Year	State Funding	Objectives	Results
		<p>the vulnerable populations served, current provider capacity, and the resources and needs of the participating safety net providers.</p> <p>5) The contractor shall maintain the efforts of the pharmacy initiative oversight group, as needed.</p> <p>6) The Contractor shall execute subcontracts with specified entities providing funds to these entities to support the Safety Net goals. With these subcontract relationships, the contractor shall facilitate network wide progress in common goal for safety net patients of “provision of assistance to patients in determining an appropriate medical home” as well as work to increase access of the underserved populations to health service.</p> <p>7) The contractor shall conduct outreach activities and keep stakeholders informed of the progress of the Safety Net efforts.</p> <p>8) Contractor shall work cooperatively with the department and complete progress reports.</p>	<p>Engagement and Health System Integration with providers. Further the committee looked at ways they could share success stories and gap areas in patient profiles between provider and stakeholders to help programs make improvements. The Data Committee looked at information on English deficiencies across Iowa and county rankings on Social Factors and Health Outcomes to link this data to gap areas. Further the group expressed interest in using the data for goal setting. The Pharmaceutical Committee met for an update and noted in FY 2017 the need to re-envision the goals of the committee. To assist the Safety Net in better understanding the grantees’ work the Iowa PCA asked all grantees to provide an update at the quarterly advisory group meeting; the advisory members greatly appreciated this addition. The Iowa PCA has also assisted the Safety Net membership in thinking about the transition from volume to value based services.</p> <p>The Iowa PCA met with all grantees and worked through changes and updates to the MOAs and reporting tools with grantees, overall improving partnerships and goals with grantees. The Iowa PCA submitted timely quarterly reports, annual report and legislative report, as well as produced a Safety Net annual evaluation noting the work and goals of the Safety Net and grantees. The Iowa PCA also sent out monthly newsletters and email updates on more urgent matters to Safety Net members and interested providers and stakeholders. The Iowa PCA began plans for a new website for the Safety Net and regularly fields questions for Safety Net members, providers and stakeholders.</p> <p>Awards were made to Free Clinics of Iowa, Iowa Association of Rural Health Clinics, Volunteer Physician Network, Iowa Coalition Against Sexual Assault, and SafeNetRx.</p>
2015	\$145,785	1) Sustain Network efforts through the guidance of individuals knowledgeable about safety net health services and management of contractual arrangements by carrying out the legislative	<p>During Fiscal Year 2015 the seven Safety Net grantees served around 14,000 patients and provided over \$8 million in services and prescription drugs. The joint Advisory and Leadership Groups met four times. Presentations and updates to the groups included: dental services and whether dental services could be integrated with behavioral health services, how the IHIN could</p>

Year	State Funding	Objectives	Results
		<p>intent of the network through coordination with the department.</p> <p>2) The contractor shall develop guidance, criteria, and an application process to review two or more communities in Iowa to compete for funding for access to specialty care services.</p> <p>3) Facilitate access to pharmaceuticals for safety net providers/patients and provide data to state legislature and policymakers.</p> <p>4) Distribute funding to local boards of health in three counties and three maternal and child health service areas.</p> <p>5) Distribute funding to rural health clinics, free clinics and federally qualified health centers.</p> <p>6) Support the establishment of a grant program for training sexual assault response team members, including representatives of law enforcement, victim advocates, prosecutors and certified medical personnel.</p> <p>7) Community Care Coordination - develop and implement a statewide regionally based network to provide an integrated approach to health care delivery through care coordination that supports</p>	<p>partner with Safety Net providers, and direct care worker gaps, shortage and high turnover.</p> <p>Grants were made to C3s in six communities, significant technical assistance was offered to the C3s and a peer learning collaborative and ad hoc steering committee were formed to advise the C3 grantee and discuss integration with other community programs. After initial review following the first months of the program, the Safety Net held further discussion on how Social Determinants of Health, patient care education, underutilized regional resources and patient engagement could be improved through C3s.</p> <p>The Iowa PCA facilitated an evaluation of the first ten years of the program which included a re-envisioning post-ACA and Medicaid Expansion and the pending Medicaid Modernization transition. The Safety Net found that the populations served by the program has changed due to the passage of the ACA but the need still exists; further over the last ten years the Safety Net patients have become older, there has been increase in minority patients, the divide between rural and urban needs has expanded, and transportation issues have become more apparent. It was noted in the future the Safety Net should focus on health literacy for those new to traditional healthcare due to the ACA, including the whole family/caregivers and not just the patient, the affordability of health plans (taking into considering how this impacts vulnerable populations), and moving to value based care. The Safety Net also noted the lack of consumer voices in the group and ensured a specific focus on the outreach and enrollment activities underway in Iowa to help connect vulnerable populations to health care coverage.</p> <p>The Iowa PCA maintained the clinic database and compiled an annual report, sent out regular newsletters and e-updates, and attended state board meetings and gave input on behalf of the Safety Net.</p> <p>The Safety Net and Iowa PCA reviewed and rated applications for distribution of state funds. The Iowa PCA collected and reviewed the data from grantees. Work was</p>

Year	State Funding	Objectives	Results
		primary care providers and links patients with community resources necessary to empower patients in addressing biomedical and social determinants of health to improve health outcomes.	also completed between the Safety Net and IPDC to expand the behavioral health prescription program to newly released inmates for an extended amount of time and work to make medical home connections. Early evaluations of this initiative have been very positive and additional jail and corrections facilities have expressed interest in implementing the model to reduce recidivism rates, which are extremely costly.
2014	\$145,785	<p>1) Sustain Network efforts through the guidance of individuals knowledgeable about safety net health services and management of contractual arrangements by carrying out the legislative intent of the network through coordination with the department.</p> <p>2) The contractor shall develop guidance, criteria, and an application process to review two or more communities in Iowa to compete for funding for access to specialty care services.</p> <p>3) Facilitate access to pharmaceuticals for safety net providers/patients and provide data to state legislature and policymakers.</p> <p>4) Distribute funding to local boards of health in three counties and three maternal and child health service areas.</p> <p>5) Distribute funding to rural health clinics, free clinics and federally qualified health centers.</p>	<p>During Fiscal Year 2014, twelve Safety Net grantees served 19,670 patients and provided \$6.88 million in services.</p> <p>The Safety Net joint Advisory and Leadership Group met four times and the Leadership group met one additional time. The group worked on new goals and strategies after the passage of the ACA and Medicaid Expansion and held three work groups to develop the goals of Access, Education and Integration. Iowa PCA invited key presenters to the Safety Net meetings to discuss the future of health care including care coordination, reducing waste and duplication, Emergency Department Use, workforce shortage, non-traditional care organizations, and the disconnect between behavioral health and primary care providers.</p> <p>Awards were made to Specialty Care Networks, which include the Polk County Medical Society (Volunteer Physician Network), Primary Health Care (for integrated primary care and mental health), and the Crawford County Memorial Hospital (for work with Latino/a residents). Polk County Medical Society recruited extra providers and made 940 referrals and saw 500 patients. Primary Health Care opened additional access sites, provided psychiatric medication for low income patients and improved staff knowledge on mental health services. Crawford County started a program to increase support for chronic disease, particularly diabetes, for Latino/a patients and provided bilingual services. Three local health board were awarded, Cerro Gordo, Warren and Floyd Valley, which successfully worked on finding medical homes but also noted issues in community involvement and workforce shortage. Dubuque, Webster and Johnson counties were chosen as Maternal Child Health Centers. Dubuque served six times as many patients in the fiscal year, Johnson saw over 140 children in the healthy lifestyle program and Webster held</p>

Year	State Funding	Objectives	Results
		6) Support the establishment of a grant program for training sexual assault response team members, including representatives of law enforcement, victim advocates, prosecutors and certified medical personnel.	<p>staff and community training. Iowa PCA and the Safety Net began planning with the Attorney General's office to start the behavioral health medication program and to work with the Department of Corrections to expand the behavioral health medication program and noted only five of the 120 users returned to prison. Iowa Coalition Against Sexual Assault held a number of SART and SANE trainings and worked with the Safety Net on how to support and retain these groups long term. The Safety Net also made awards to 63 Rural Health Clinics, 13 Federally Qualified Health Clinics and 36 Free Clinics. Additionally Free Clinics of Iowa received funds to provide administrative support, data training and technical assistance to free clinics. The Safety Net also worked with the free clinics to look at needs post ACA and Medicaid Expansion, which noted that the need for free clinics has not ended but changed. Iowa PCA worked with the University of Iowa Public Policy Center on a Commonwealth Fund-supported initiative to assess the impact the ACA is having on safety net providers in Iowa. Several issue briefs and reports were developed and published based on the Iowa experience. Six counties were identified for Community Transformation Grants and a day long technical assistance session was held. The Safety Net partnered with CoOpportunity, Telligen and the Iowa Association of Rural Health Clinics on Practice Transformation. The Safety Net Committees held discussions on data, marketing of grant applications, the Safety Net website, and use of patient wellness tracking tools.</p> <p>Iowa PCA staff served on multiple state boards and projects on behalf of the Safety Net, provided input, and reported back to the Network. Iowa PCA provided technical assistance during the ACA and Medicaid Expansion transitions, as well as the new Mental Health and Disability Services legislation. Iowa PCA staff collected data on persons served at the various types of clinics and identified the highest need groups.</p>
2013	\$146,563	1) Sustain Network efforts through the guidance of individuals knowledgeable about safety net health services and management of contractual arrangements by	During Fiscal Year 2013, ten Safety Net grantees served 14,600 patients, which was a 28% increase over the previous year, which equaled \$4 million in services and an additional \$2.7 million in prescription drugs. Most services went to Medicaid patients or persons without insurance

Year	State Funding	Objectives	Results
		<p>carrying out the legislative intent of the network through coordination with the department.</p> <p>2) The contractor shall develop guidance, criteria, and an application process to review two or more communities in Iowa to compete for funding for access to specialty care services.</p> <p>3) Facilitate access to pharmaceuticals for safety net providers/patients and provide data to state legislature and policymakers.</p> <p>4) Distribute funding to local boards of health in three counties and three maternal and child health service areas.</p> <p>5) Distribute funding to rural health clinics, free clinics and federally qualified health centers.</p> <p>6) Support the establishment of a grant program for training sexual assault response team members, including representatives of law enforcement, victim advocates, prosecutors and certified medical personnel.</p>	<p>and most patients were women under 35 and racial minorities.</p> <p>The joint Safety Net Leadership and Advisory Groups met four times during the fiscal year. The Safety Net began discussions on the role of the Safety Net after the passage of the ACA as well new changes due to Medicaid Expansion passed during the 2013 legislative session. The Safety Net continued to assist with the Commonwealth Fund Project and heard Commonwealth presentations on FQHC financial modeling and ACA changes. The Safety Net assisted IDPH and the University of Iowa to survey consumer needs for the Health Benefits Exchange. The Safety Net worked with the Community Transformation Grant (CTG) to identify community utility champions from each county and assist in developing work plans and identifying gaps as well as providing TA and training. Legislation was passed which developed Community Care Coordination Teams based on the research about the model completed by the Safety Net. The Safety Net identified care coordination needs and pilot communities to implement the legislation based on a summit that featured the successful programs in North Carolina, Vermont, Alabama, and Minnesota. As the year went on the Safety Net received reports from these communities and assisted the projects as needed. Other topics which the Safety Net requested presentations on for provider and members included: Mental Health Disability region formation, IHIN and Health IT and the requirements for Safety Net providers to participate, and care coordination success stories including the 1st Five program. The Network assisted IDPH to survey Safety Net patients for the best methods to educate and reach regarding ACA Marketplace eligibility and options. The Safety Net partnered with the National Academy of State Health Policy (NASHP) on a learning collaborative which was designed to support better alignment between Medicaid agencies and safety net providers in six states. Along with typical TA to Safety Net grantees, ICASA also worked with the Iowa PCA staff to identify new gaps and goals for the program. Further, Iowa PCA provided Safety Net members and interested stakeholders with a bi-monthly e-update and emails on more urgent matters, website updates and attended and participated in key state boards and projects.</p>

Year	State Funding	Objectives	Results
			<p>The Iowa PCA worked with the Safety Net to redesign the reporting tool templates for standardization of data and reports. The Safety Net and Iowa PCA reviewed and rated applications for distribution of state funds. Iowa PCA collected and review the following awardees and data. Awards were made to the following specialty care projects – Linn County Project Access, Primary Health Care (PHC) and the Volunteer Physician Network (VPN). Linn County saw over 100 patients and referred 30 on to specialty care, they also provided education on insurance program eligibility. VPN saw a 17% increase in referrals provided in this fiscal year equaling \$3.8 million in services donated. PHC expanded to a fourth site for behavioral health consultation which allowed a total of 4,100 patients to be seen and receive \$16,000 in free medication. The Safety Net reviewed and awarded the following Local Boards of Health: Johnson, O’Brien and Dallas counties. Johnson assisted 140 people in finding a medical home, most were African American men, as well as provided vaccinations. Dallas served 630 patients, mostly women, and referred 1,260 patients; they also hosted a well-received diabetes support event for Latino/a patients. O’Brien served 500 patients, mostly for blood pressure, diabetes and heart disease issues which equaled \$13,800 in services; funds were also used to train one health coach. Maternal and Child Health Centers receiving awards included Dubuque Visiting Nurses, Siouxland and Des Moines Visiting Nurses. Dubuque used their funds to serve 40 families and provide case management for 30 people, as well as train two health coaches. Siouxland responded to 460 referrals which equaled \$25,000 in services and tracked 1,550 hospital admissions reducing the readmission rate to seven percent. Des Moines hired bilingual staff to reach more patients and partnered with PHC for screening. The Drug Donation Depository collaborated to receive \$2.6 million in donated drugs and shipped \$2.48 million serving 8,220 patients. Funds are used for shipping drugs which was offset this year by renegotiating with UPS, funds were also used to continue to partner with the Department of Corrections to provide behavioral health drugs to released offenders. ICASA offered 35 scholarships to train SANEs, trained 122 law enforcement officers and held a summit for 90 participants. Funding was provided for 53 Rural Health Clinics (RHC) 14 Federally Qualified Health Clinics</p>

Year	State Funding	Objectives	Results
			(FQHC) and 40 Free Clinics (FC). Additionally Free Clinics of Iowa received funds to provide administrative support, data training and technical assistance to free clinics.
2012	\$132,580	<p>1) Sustain Network efforts through the guidance of individuals knowledgeable about safety net health services and management of contractual arrangement by carrying out the legislative intent of the network with the department.</p> <p>2) The Contractor shall develop guidance, criteria and an application process for two or more communities in Iowa to compete for funding to meet the objective (access to specialty care).</p> <p>3) Facilitate access to pharmaceuticals for safety net providers/patients and provide data to state legislature and policymakers.</p> <p>4) Distribute funding to three local boards of health and three maternal and child health centers.</p> <p>5) Distribute funding to rural health clinics and free clinics.</p>	<p>In Fiscal Year 2012, ten Safety Net grantees served 10,600 patients and provided \$1.35 million in services and \$1.75 million in free prescription drugs. The largest patient population served by the Safety Net were women between 30 and 40 years of age and Latino/a.</p> <p>The joint Safety Net Advisory and Leadership Group met four times during the fiscal year. Agendas and speakers facilitated by the Iowa PCA included: Mental Health and Disability Services region information, behavioral health relation to health homes, how social determinants of health in a child's life predict future health and community water fluoridation and health outcomes. Iowa PCA staff and Safety Net members assisted IDPH in creating a diabetes clinical plan and patient educational tools, aided the Commonwealth Fund Project with inventory report updates, surveyed Safety Net providers for the Health Benefit Exchange and a post-ACA oral care survey, and worked with NASHP on TA for RHCs with high Medicaid patient numbers. Iowa PCA provided TA and webinars on the following: Health Benefit Exchange basics and CTG community utility, as well as general TA for Safety Net providers. The Safety Net and Iowa PCA also assisted ICASA and FQHCs in strategizing for new funding and exhibited and provided educational materials at the Health Care Reform and Community Resources Summit. Iowa PCA staff attended key state meetings and reported to the Safety Net, as well as sent out bi-monthly e-updates and collected clinical data and produced an annual data report. The Iowa PCA also hosted interns from Iowa State University and the University of Iowa this fiscal year in an effort to draw students to become interested in Safety Net provider services.</p> <p>The Safety Net and Iowa PCA reviewed and rated applications for distribution of state funds. The Iowa PCA collected and review the following awardees and data. The Safety Net awarded specialty care grants to Linn County, VPN and PHC. Linn County referred 160 patients and enrolled 100 people in Project Access, this amounted to \$270,000 in services. VPN made 790 referrals which</p>

Year	State Funding	Objectives	Results
			<p>equaled \$1 million in donated services, they also reached out to obtain grant money for interpretive services. PHC provided \$13,800 in free medications and served 1,360 behavioral health patients. Local Boards of Health receiving funds included Johnson, O'Brien and Dallas. Johnson distributed vaccination and transportation vouchers, assisted 85 patients in finding a medical home, made 115 referrals and developed 20 new stakeholder partnerships. Dallas saw 950 patients, made 830 referrals and hired a bilingual insurance navigator. O'Brien served 35 patients, referred 25 patients and provided medical home education. Three Maternal and Child Health Centers were awarded: Dubuque Visiting Nurses, Siouxland and Des Moines Visiting Nurses. Dubuque saw 50 patients, of which 77 percent were under five, and assisted in identifying non-citizen children for Medicaid PE. Siouxland received 440 Emergency Department referrals and made follow-up appointments for 69 percent of the hospital discharges. Des Moines made 45 1st Five referrals and assisted PHC in becoming a medical home. The Drug Depository received \$2 million in donations and shipped \$1.8 million in prescription drugs, this served 7570 patients. Six thousand two hundred (6,200) vouchers were filled and the program worked with the Department of Corrections to increase the behavioral health vouchers to 90 days. IPDC estimated the return on investment from these services at around \$6.2 million. Sixty-three (63) RHCs and 38 Free Clinics also received funds.</p>
2011	\$132,580	<p>1) Sustain Network efforts through the guidance of individuals knowledgeable about safety net services and management of contractual arrangements by carrying out the legislative intent of the network through coordination with the department.</p> <p>2) Guidance, criteria, and application review process will be developed for two or more communities in Iowa to compete for funding to</p>	<p>During Fiscal Year 2011, ten grantees served 9,400 Safety Net patients, provided \$5.77 million in services and \$1.43 million in free prescription drugs. The highest patient population were women between twenty and forty years of age.</p> <p>The Iowa PCA assisted in facilitating four meetings of the Advisory and Leadership Groups which included the following presentations and strategic planning sessions: the current health care scene and why it is not sustainable, ACA legislation, mental health integration for veterans, and a three-year strategic planning and SWOT analysis with Rochelle Spinarski. Iowa PCA staff and Safety Net members participated on the Commonwealth Fund Project planning committee. The Pharmaceutical Board also met this year and discussed ways to partner Safety Net</p>

Year	State Funding	Objectives	Results
		<p>increase access to specialty care through a coordinated system of care.</p> <p>3) Expand exiting pharmaceutical initiative to increase access to pharmaceuticals for safety net provider and provide data to state legislature and policymakers.</p> <p>4) Distribute funding to three local boards of health and maternal child health centers. The local boards of health and maternal child health centers will be identified through a competitive process or via specific funding requests. Successful applicants will use finds to assist safety net patients in determining an appropriate medical home.</p>	<p>providers with 340B programs. Iowa PCA staff attended key state meetings and reported to the Safety Net, as well as sent out newsletters and collected data on clinics and produced two data reports.</p> <p>The Safety Net and Iowa PCA reviewed and rated applications for distribution of state funds. The Iowa PCA collected and review the following awardees and data. Specialty Care awards went to Linn County, VPN and PHC. Linn County increased to 140 providers participating, served 145 patients and made 320 referrals which totaled \$4.3 million in donated services. VPN made 970 referrals, which was a ten percent increase over the last year, and increased to 416 specialist participants which totaled \$1.4 million in services. PHC saw nearly 3,000 patients for mental health services and provided \$27,000 in free prescription drugs. PHC also used funds for radio public service announcements. Local Boards of Health which received awards included Webster, Dallas and Poweshiek. Webster held well clinics and provided hemoglobin and lead testing. Dallas provided Spanish interpretation for prenatal care, served 350 patients and made 1,625 referrals. Poweshiek decreased hospital readmissions from 4.7 percent to 1.38 percent and enrolled 110 patients in the health coach program. Maternal and Child Health Center awards were made to Dubuque Visiting Nurses, Siouxland and Des Moines Visiting Nurses. Dubuque increased referrals, provided case management at Crescent CHC and expanded the 1st Five program. Siouxland developed a patient tracking system and welcome/educational packets for all referred patients. Des Moines selected a medical home assessment tool and developed patient surveys and electronic record coordination. The Drug Depository received \$1.64 million in donated drugs and shipped \$1.43 million in drugs, joint programs served 6,560 patients. IPDC also negotiated a high volume arrangement with UPS for cheaper shipping. Funding was also provided to 63 RHCs, 16 Family Planning Agencies and 29 Free Clinics.</p>
2010	\$124,978 (later 10% cut due to	1) Sustain Network efforts through the guidance of individuals knowledgeable about safety net health care	In Fiscal Year 2010, 11,800 patients were served by ten grantees, and grantees provided \$5.47 million in services and \$1.2 million in prescription drugs. The most common

Year	State Funding	Objectives	Results
	REC numbers)	<p>services and management of contractual agreements.</p> <p>2) Guidance, criteria, and application review process will be developed for two or more communities in Iowa to compete for funding to increase access to specialty care through a coordinated system of care.</p> <p>3) Expand exiting pharmaceutical initiative to increase access to pharmaceuticals for safety net provider and provide data to state legislature and policymakers.</p> <p>4) Distribute funding to three local boards of health and maternal child health centers. The local boards of health and maternal child health centers will be identified through a competitive process. Successful applicants will use finds to assist safety net patients in determining an appropriate medical home.</p>	<p>patient population were females between 35 and 65 years of age.</p> <p>The Iowa PCA assisted in facilitating four meetings of the Advisory and Leadership Groups which included the following presentations and discussions: medical home success stories and region specific medical home updates, discussion of making medical home grants more flexible in rural areas, and presentations by specialty care grantees including a successes and challenges review. The Safety Net and Iowa PCA staff hosted a Meaningful Use workshop focusing on alignment with medical homes and a community utilities conference. Iowa PCA and the Safety Net developed a survey to better understand clinic's needs and emerging trends and also assisted the Attorney General's office to develop a program which uses settlement money to provide 90 days of a generic prescription drug to patients for three dollars. Iowa PCA staff developed the RFP for Free Clinic grants. The Data Workgroup met and assisted Iowa PCA staff in creating new data collection tools for grantees. Iowa PCA staff attended key state meetings and reported to the Safety Net, as well as sent out newsletters and collected data on clinics and produced a data report.</p> <p>The Safety Net and Iowa PCA reviewed and rated applications for distribution of state funds. The Iowa PCA collected and review the following awardees and data. Specialty Care awards went to Linn County, VPN, University of Northern Iowa (UNI), and PHC. Linn County enrolled 280 new patients and provided \$530,000 in services to patients, 140 providers participated in the fiscal year. VPN added ten new physicians, provided interpretation services for 430 patients, made 850 referrals, and enrolled a referral coordinator in a Spanish language course. PHC provided 1,035 patients with mental health services, provided behavioral health medications, and enhanced program marketing of Marshalltown location. UNI identified physician partners and developed the operational plan. Dallas and Calhoun counties Local Boards of Health received awards. Calhoun provided fourteen medical assistance vouchers and trained staff. Dallas finished the policy and procedures for the site and developed a website. Maternal and Child Health Centers receiving grants included Dubuque Visiting Nurses and</p>

Year	State Funding	Objectives	Results
			Siouxland; Dubuque brought 19 additional providers into the program and developed an educational brochure, Siouxland brought 3,260 patients into the mission health program and expanded the referral network. The Drug Depository received \$3.36 million in prescription drugs and shipped \$2.54 million in prescription drugs which served 5,670 patients. Further 68 RHCs, 16 Family Planning Agencies and 32 Free Clinics received funding and reported data.
2009	\$133,000 - later amended to include an additional \$1500	<p>1) Sustain Network efforts through the guidance of individuals knowledgeable about safety net health care services and management of contractual arrangements.</p> <p>2) Guidance, criteria and application review process will be developed from two or more communities in Iowa to compete for funding to increase access to specialty care through a coordinated system of care.</p> <p>3) Expand existing pharmaceutical initiative to increase access to pharmaceuticals for safety net providers and provide data to state legislature and policymakers.</p> <p>4) Distribute funding to three local boards of health, three maternal and child health centers, and all participating family planning network agencies. The local boards of health and maternal child health centers will be identified through a competitive process. The funding designated for family planning agencies will be</p>	<p>In Fiscal Year 2009, the eleven Safety Net grantees served 6,320 patients and provided \$1.05 million in patient care, the largest patient population group was females between the ages of 35 and 65 years of age.</p> <p>The Iowa PCA assisted in facilitating four meetings of the Advisory and Leadership Groups which included a presentation from a national consultant on the practices of similar boards nationwide. Iowa PCA and the Safety Net also held a medical home workshop for over 100 providers, insurers and community members. A data workgroup was established and worked with consultant, Rochelle Spinarski, to establish consistency in data reporting from grantees. The Pharmaceutical Workgroup met to discuss re-establishing the drug discount card program after hearing a need from Safety Net providers for reduced cost prescription drugs for patients. Iowa PCA staff and Safety Net members developed a questionnaire to better understand Safety Net needs and successes. The survey revealed successes in pharmaceutical and medical home programs and an overall increase in the number and efficiency of services provided. The survey noted areas to work on of data collection, mental health services, and the diverse group the Safety Net serves. Iowa PCA staff attended key state meetings and reported to the Safety Net, as well as sent out newsletters and collected data on clinics and produced a data report.</p> <p>The Safety Net and Iowa PCA reviewed and rated applications for distribution of state funds. The Iowa PCA collected and reviewed the following awardees and data. Specialty Care awards went to Linn County, VPN, UNI, and PHC. Linn County saw 70 new patients which provided \$138,500 in services and the provider network increased to 120. VPN saw 375 patients, made 410 referrals and</p>

Year	State Funding	Objectives	Results
		distributed via sub-contracts to all participating family planning agencies. Successful applicants will use funds to assist safety net patients in determining an appropriate medical home.	added 100 new providers. VPN also developed a new referral form for clinics and continued interpretation services. PHC provided mental health services to nearly 400 patients. UNI finished their business plan and trained staff. Calhoun, Polk and Dallas counties were chosen as Local Board of Health awardees. Calhoun contracted with two new clinics and developed educational information for patients on clinic services. Dallas helped patients access VPN and trained local providers. Polk developed a stakeholder and public information piece and studied medical home needs in Des Moines. Maternal and Child Health Center awardees were Dubuque Visiting Nurses, Polk County Visiting Nurses and Siouxland CHC. Dubuque assisted with case management, Siouxland enrolled 1,100 patients and Polk finished planning and project development. The Drug Depository received \$1.8 million in donated drugs and \$1.3 million drugs shipped. IPDC established an online ordering tool and filled 88 prescriptions on the discount card program saving \$1,600. Also, 86 RHCs, 29 Free Clinics and 16 Family Planning Agencies received funds and Free Clinic hours available to patients doubled from the previous fiscal year.
2008	\$133,000	<p>1) Sustain Network efforts through the guidance of individuals knowledgeable about safety net health care services and management of contractual arrangements.</p> <p>2) Guidance, criteria, and application review process will be developed for two communities in Iowa to compete for funding to increase access to specialty care through a coordinated system of care. The funding for this objective shall not exceed \$350,000.</p> <p>3) Expand existing pharmaceutical initiative to increase access to pharmaceuticals for safety</p>	<p>The Iowa PCA assisted in facilitating three meetings of the Advisory and Leadership Groups. Iowa PCA and the Leadership Group developed a survey to review the first two years of the Safety Net; along with results of success and challenge areas the survey also noted areas in which Iowa PCA and the Safety Net could provide more TA or educational opportunities. Iowa PCA developed categories for data collection and reporting for grantees and the four clinic categories, as well as the point system and criteria for RHCs and Free Clinics to apply for FY 2009 grants. PCA staff also provided Safety Net members with updates on the Legislative Affordable Care Plan Committee for families and small businesses and how programs such as hawk-i relate to the Safety Net providers. Iowa PCA staff provided one on one technical assistance to grantees and newsletters to Safety Net members.</p> <p>The Safety Net and Iowa PCA reviewed and rated applications for distribution of state funds. The Iowa PCA collected and reviewed the following awardees and data. The Drug Depository received \$545,000 in prescription drug donations and \$315,000 of prescription drugs were</p>

Year	State Funding	Objectives	Results
		<p>net providers and provide data to state legislature and policymakers. The funding for this objective shall not exceed \$350,000.</p> <p>4) Distribute funding to three local boards of health, three maternal and child health centers, and all family planning network agencies. The local boards of health and maternal child health centers will be identified through a competitive process. The funding designated for Family planning agencies will be distributed via sub-contracts to all participating family planning agencies. Successful applicants will use funds to assist safety net patients in determining an appropriate medical home. The funding for this objective shall not exceed \$300,000.</p>	<p>shipped to patients. Calhoun, Dallas and Polk County Local Boards of Health received awards. Calhoun wrote screening protocols and assisted getting social workers into hospitals. Dallas hired and trained a full time nurse. Polk developed interview questionnaires on medical homes and interviewed 500 patients. Maternal and Child Health Centers awarded were Des Moines Visiting Nurses, Dubuque Visiting Nurses and Siouxland CHC. Des Moines contracted for research services and developed a survey to better understand factors prohibiting health care in the low income population. Dubuque partnered with Crescent CHC and trained case workers. Siouxland selected a project coordinator and taskforce members. Specialty Care awards went to Linn County, VPN, UNI, and PHC. Linn formed the advisory committee and set up technical assistance infrastructure. UNI studied high risk health care demographics and barriers to specialty care in the community. PHC hired a project facilitator and formed a patient advisory committee. VPN contracted with 15 percent more specialists than the previous fiscal year. House of Mercy hired a Spanish interpreter and the Iowa City Free Clinic increased clinic hours for oral health and purchased medical equipment.</p>
2007	\$247,000	<p>1) Sustain Network efforts through the guidance of individuals knowledgeable about safety net health care services and management of contractual arrangements.</p> <p>2) Guidance, criteria, and application review process will be developed for communities in Iowa to compete for funding to increase access to specialty care through a coordinated system of care.</p> <p>3) Expand existing pharmaceutical initiative to</p>	<p>The Iowa PCA assisted in facilitating four meetings of the Advisory and Leadership Groups which included presentations on: other states' programs similar to the Safety Net and their provider recruitment efforts, the legislative affordable care plan committee and the number of persons using Safety Net services who could be effected by this program, the George Washington University School of Public Health information on safety nets and healthcare gaps due to fewer employers offering adequate insurance and five year vision of health insurance, medical home updates, and an update on the first two years of the drug depository under the Safety Net. Several workgroups were formed to assist and assess new grantees including specialty care and pharmaceutical. Iowa PCA staff and Safety Net members developed the RFP for specialty clinic grantees, and the RFP and data tools for RHCs, Free Clinics and Community Health Centers. They also contracted with</p>

Year	State Funding	Objectives	Results
		<p>increase access to pharmaceuticals for safety net providers and provide data to state legislature and policymakers.</p> <p>2) Guidance, criteria, and application review process will be developed for clinics in Iowa to compete for funding shall not exceed \$200,000.</p>	<p>IPDC to expand the drug depository, contracted with George Washington University for Safety Net assistance, and assisted IDPH to streamline the volunteer health care provider application process. Iowa PCA staff also developed a communication and outreach plan, sent out bi-monthly newsletters, developed an online presence, reviewed the structure of advisory and leadership groups and attended state meetings as needed.</p>
2006	\$425,000 (\$150,000 in grantee awards)	<p>1) Establish Safety Net Leadership and Advisory Groups</p> <p>2) Establish Iowa Collaborative Safety Net Provider Network</p> <p>3) Understand the current role of Iowa's safety net providers and their unmet needs in providing care to vulnerable populations.</p> <p>5) Develop a plan to address Iowa's safety net providers' most critical needs.</p> <p>6) Develop a plan that promotes long-term sustainability of the network.</p>	<p>In the initial year of the Safety Net Network, the Iowa PCA and was tasked to form the Advisory and Leadership Groups and set initial goals. The two groups were quickly formed from legislation, as well as multiple task forces, and began working towards understanding Safety Net provider needs and developing a plan to address the needs. An initial survey was developed by the Iowa PCA and found three top priorities of: access to pharmaceuticals, referral system for specialty care, and recruitment of health professionals. Three focus groups were formed to identify needs and set goals for the awards in these categories and data templates to measure actions towards achieving the set goals. Later in the year, focus groups collected and reviewed data from the RHCs, Free Clinics and Community Health Centers who received funds during this fiscal year. Experts from George Washington University presented throughout the year on the role and goal of the network. Two newsletters were sent out to Safety Net members and Iowa PCA staff attended relevant state and stakeholder meetings.</p>

*Report indicated 2006 first year of appropriations

Iowa Prescription Drug Corporation SafeNetRx – Community Capacity Allocation

Target Populations:

The Iowa Drug Donation Repository (DBA SafeNetRx) serves Iowans whose income is at or below 200% of the Federal Poverty Level (FPL) and who are uninsured or underinsured. In addition to uninsured Iowans, this population includes Medicare eligible Iowans unable to pay for their medications, Medicaid patients in transition, underinsured individuals participating in the insurance marketplace and other insured patients in need of medications not covered through their health insurance - all of whom have incomes at or under 200% of the FPL.

Types of Services Provided by State Funding:

SafeNetRx addresses issues of pharmaceutical access through innovative, non-traditional, partnerships that leverage scarce resources and create value for all stakeholders in our health delivery systems. SafeNetRx manages five programs that provide free and low cost medications to vulnerable Iowans. Through the Iowa Drug Donation Repository, Iowans in need can obtain donated medications and medical supplies at no cost. The items donated to the Iowa Drug Donation Repository are inspected by a pharmacist, distributed to medical providers or pharmacies, and dispensed to Iowans in need. SafeNetRx also operates programs that provide free behavioral health medications to uninsured individuals transitioning out of state correctional facilities and jails. The County Jail Behavioral Health Medication Assistance Program has been established in Black Hawk, Dallas, Polk, Pottawattamie, Story and Woodbury Counties. This program provides up to 90 days of free behavioral health medications to uninsured offenders seeking care at a Federally Qualified Health Center following release. Through the Iowa Dept. of Corrections Behavioral Health Medication Program uninsured individuals leaving a state prison may access up to 90 days of free behavioral health medications (30-day supply provided by Iowa DOC at time of release and two 30-day refills may be filled at participating retail pharmacies). Data shows that access to free behavioral health medications strongly impacts rates of recidivism among offenders with behavioral health disorders. In addition, SafeNetRx operates two medication discount card programs that provide significant discounts to cash paying patients unable to seek medication access through other SafeNetRx programs.

Continuing Needs of the Organization to Meet Its Objectives:

SafeNetRx began providing services under the Safety Net Pharmaceutical Infrastructure program in 2007. During its initial year, SafeNetRx served 780 Iowans and generated \$292,774 in pharmaceutical savings. Under this contract in 2016, SafeNetRx served 11,590 Iowans and generated \$3,716,506 in medication savings. In total, 74,617 Iowans have saved \$19,213,487 in prescription drug costs through Safety Net Pharmaceutical Infrastructure programs. Our biggest challenge is to cover the pharmacy staff costs for inspecting and processing donated medications through the Iowa Drug Donation Repository, our largest and most rapidly growing program. State funding, the primary source of funding for the Repository, has remained relatively stable since 2007. SafeNetRx underwrites the growing costs of the Drug Donation Repository through other safety net programs and services. Recently SafeNetRx has worked to increase the availability of behavioral health medications through the Drug Donation Repository. In addition, SafeNetRx is working with cancer centers across the state to improve access to donated oncology medications.

SafeNetRx continues to identify gaps in pharmacy services and form partnerships to address emerging needs. SafeNetRx is currently working to develop a non-profit safety net pharmacy that will dispense free medications to vulnerable Iowans utilizing a portfolio of state and national pharmaceutical safety net programs. In addition, SafeNetRx has recently launched a Behavioral Health Medication Voucher Program that will provide 30-day supplies of behavioral health medications at no cost to uninsured and underinsured patients seeking care at FQHCs in the state.

Continuing Needs of the Target Population to Improve Health Outcomes:

Three examples from the Medical Assistance Program at the University of Iowa Hospitals and Clinics, a dispensing donor partner of the Drug Donation Repository, illustrate the significant out-of-pocket costs that may prevent individuals from being able to access critical medications, even if the individuals have Medicare or a high-deductible plan from the insurance marketplace. These situations illustrate the health care costs of individuals at or below 200% of the FPL and represent the types of needs addressed through Safety Net Pharmacy Infrastructure programs. The co-pay for medication for an 80-year old patient with Medicare Part D was \$936.85. A 62-year old individual

with a Marketplace plan required medication that would have cost \$598.80, but he had a \$6,450 deductible before his pharmaceutical needs would be covered. A 59-year old patient with a disability on a Medicare Advantage plan required cancer medications with a copay of \$3,130. Although implementation of the ACA has reduced the number of uninsured individuals in the state, the demand for SafeNetRx programs has continued to increase steadily. This trend may be attributed to increased demand among underinsured patients who are unable to access medications through their health plans due to high deductibles or lack of coverage for a prescribed medication. Without access to donated medications, many of these patients would simply go without medication, which could lead to serious health consequences which could have been avoided.

Overview of State Funding:

Year	State Funding	Objectives	Results
2016	\$413,425	Provide free and low cost medications to vulnerable Iowans.	Generated \$3,716,506 in total pharmaceutical savings for 11,590 Iowans.
2015	\$413,425	Provide free and low cost medications to vulnerable Iowans.	Generated \$2,918,742 in total pharmaceutical savings for 11,458 Iowans.
2014	\$413,425	Provide free and low cost medications to vulnerable Iowans.	Generated \$2,792,896 in total pharmaceutical savings for 12,684 Iowans.
2013	\$318,415	Provide free and low cost medications to vulnerable Iowans.	Generated \$2,784,972 in total pharmaceutical savings. 8,222 Iowans served through DDRP. 10,767 prescriptions/vouchers filled.
2012	\$270,000	Provide free and low cost medications to vulnerable Iowans.	Generated \$2,119,092 in total pharmaceutical savings 7,567 Iowans served through DDRP. 10,858 prescriptions/vouchers filled.
2011	\$247,590	Provide free and low cost medications to vulnerable Iowans.	Generated \$1,644,061 in total pharmaceutical savings. 7,300 Iowans served through DDRP. 8,778 prescriptions/vouchers filled.
2010	\$300,000	Provide free and low cost medications to vulnerable Iowans.	Generated \$1,429,038 in total pharmaceutical savings. 6,237 Iowans served through DDRP. 6,101 prescriptions/vouchers filled.
2009	\$350,000	Provide free and low cost medications to vulnerable Iowans.	Generated \$1,039,814 in total pharmaceutical savings. 5,732 Iowans served through DDRP.

Year	State Funding	Objectives	Results
			2,702 prescriptions filled.
2008	\$270,000	Provide free and low cost medications to vulnerable Iowans.	Generated \$479,265 in donated medications serving 3,011 Iowans
2007	\$350,000	Provide free and low cost medications to vulnerable Iowans.	Generated \$292,774 in total pharmaceutical savings for 780 Iowans

*Report indicated 2007 first year of appropriations

Free Clinics of Iowa – Community Capacity Allocation

Target Population(s):

Free Clinics of Iowa (FCI) is a not-for-profit organization, consisting of an administrative office and 29 member clinics in 24 various communities, serving patients from 86 of Iowa's 99 counties. The majority of patients visiting Iowa's free clinics are Caucasian, un/under-insured, working, aged 18-64 years and face various barriers to health home access. These demographics match the target populations for recent expansions/developments in healthcare insurance opportunities. Free clinics have extensive expertise in serving Iowa's most vulnerable safety net populations and embrace the opportunity to assist patients in exploring new and viable options for healthcare coverage that haven't been available to them before. Using referral partnerships with hospitals, clinics, health centers, insurance brokers, navigators, certified enrollment counselors and others, Iowa's free clinics have become a key gateway to affordable and accessible health home utilization.

Types of Services Provided by State Funding:

Through the efforts of more than 1,300 volunteers, 2016 marks FCI's 22nd year of serving Iowa's un/under-insured. Free clinics are commonly located within a community-based host site and typically operate 2-3 hours per week. There are four general areas of FCI service provisions. First, free clinics serve those who fall through the gaps of the healthcare system in providing basic, primary care. In rural and urban settings, free clinics provide these services through volunteer physicians, nurses and other health professionals, at no cost to patients. Services may include but are not limited to; illness and minor injury care, wellness and preventative care, immunizations, physicals for work/school and referrals to specialty providers. Second, free clinics support health home utilization through coordinated efforts to educate patients and establish referral systems for seemingly eligible free clinics patients to obtain application and enrollment assistance for healthcare coverage. Third, free clinics provide linkages to ancillary programs that address other determinants of health for patients, such as; education, health literacy, technology, housing, food security, transportation, childcare, and employment. Lastly, FCI provides the necessary administrative infrastructure to enable free clinics to remain open, mentoring/professional development/networking offerings among free clinic volunteers and the mechanisms to gather and report data/testimonials that articulate the role/impact of free clinics within Iowa's healthcare delivery system. Together, FCI's service provisions support its mission to facilitate the initiation, operation and collaboration of free clinics in the State of Iowa.

Continuing Needs of the Organization to Meet Its Objectives:

FCI serves the gaps of Iowa's healthcare delivery system and does so through a charitable, volunteer-based workforce. Fluctuating gaps from un-insured to under-insured and from the real challenges of health insurance literacy to many various determinants of health, there is no debate whether gaps still exist in Iowa. Funds provided through the State of Iowa allow continuation of the necessary infrastructure, statewide coordination, provider recruitment, service delivery and patient assistance toward increases in health home utilization. Research supports the notion that an administrative core is crucial to the success of volunteer-based initiatives. It is what enables the capture and reporting of where free clinics are, what they are doing and how they impact the delivery system. FCI knows there is strength in numbers in terms of collaboration, education, awareness and impact. Traditionally, FCI has focused its resources toward providing the un/under-insured access to free health services. However, since the passage of the Affordable Care Act, free clinics have become critical gateways for the target populations of healthcare reform initiatives. In diversifying service delivery, greater resources are required to enable Free Clinics of Iowa and its membership to continue adjusting services and operations to the evolving and unmet needs of the delivery system, to leverage its unique experience and expertise with the most vulnerable populations in maximized service impact and to capitalize on new programs and partnerships toward greater utilization of health homes.

Continuing Needs of the Target Population to Improve Health Outcomes:

Iowa's vulnerable populations continue to be at the center of the need for focused efforts toward affordable and accessible healthcare. Free clinics possess unique opportunity to leverage patients trusting relationships with community-based clinics and enable warm hand-offs to health homes and ancillary programs that exist to drive better health and promote behavior changes. Free clinics provide basic, primary care services to those who may otherwise go without. As the un-insured rates in Iowa have fallen since the passage of the Affordable Care Act, according to US Census Bureau information, roughly 186,000 Iowans remain uninsured. Additionally, Iowans

increasingly face such high out-of-pocket and/or deductible expenses relative to their income, they fall into an emerging underinsured status. As it relates to both the un/under-insured, free clinics can prevent the delay of primary care needs that, left unmet, often escalate to emergent need. Living without health insurance can be risky and expensive. Many struggle to understand health insurance options, especially when faced with choosing a plan that provides needed coverage. FCI and its member clinics face these health insurance literacy challenges directly, asking every patient about current health insurance status and offering community-based referrals for eligibility, application and enrollment assistance. It is also understood that barriers to healthcare often don't have much to do with insured status. Many face limitations in housing, food security, transportation, childcare, employment and other determinants of health that significantly contribute toward access difficulties. Free clinics continuously offer critical connections with needed ancillary and social service support.

Overview of State Funding:

Year	State Funding	Objectives	Results
2016	Total: \$348,322 \$125,000 to free clinics \$223,322 to FCI	<p>As healthcare reform measures have rolled out, the emergence of underinsured populations who find health insurance options unaffordable and the impact of various determinants of health substantiate the continuance of free clinic services for Iowa's most vulnerable populations.</p> <p>Free Clinics: The appropriation was divided and distributed among Iowa's free clinics (both FCI clinics and independent free clinics) for use in common areas of community-based service provisions; medical supplies/equipment, pharmaceutical support, lab/x-ray support, specialty care referrals, professional development/training, information technology and volunteer recruitment.</p> <p>Free Clinics of Iowa: Sustained appropriation for the administrative core to maintain the critical infrastructure enabling free clinics to remain open and to lead state-wide efforts to move free clinic patients toward affordable and accessible health home utilization, as applicable.</p> <p>Addressing the current challenges:</p> <p>National Un-insured Rate: 29 Million</p> <p>Iowa Un-insured Rate: 6.2%</p>	<p>Annual data available at the close of calendar year 2016. Mid-year indicators anticipate slight declines in patient visits in comparison to the previous year.</p> <p>Declines in patient visits since the implementation of the Affordable Care Act are celebrated, as they demonstrate successes in transitioning patients toward insured status and health home utilization. That being said, each patient visit requires enhanced effort and expertise as offerings have expanded beyond basic primary care, to also include insurability exploration and determinant of health considerations.</p> <p>Each free clinic (both FCI members and independent free clinics) requesting funding received approximately \$3,000 toward direct service support.</p> <p>Free Clinics of Iowa utilized funds toward membership support in the provision of property, general liability and partial professional liability insurance coverage (where VHCPP is not applicable), accounting services, volunteer application processing (including criminal, child abuse and adult dependent abuse checks), professional development/education offerings, website support, marketing/signage, data/IT support, distribution of donated goods and the establishment of community-based</p>

			referrals for insurability options and ancillary social service programs.
2015	<p>Total: \$348,322</p> <p>\$125,000 to free clinics</p> <p>\$223,322 to FCI</p>	<p>As healthcare reform measures continue to evolve and be applied, the emergence of underinsured populations who find health insurance options unaffordable and the impact of various determinants of health substantiate the continuance of free clinic services for Iowa's most vulnerable populations.</p> <p>Free Clinics: The appropriation was divided and distributed among Iowa's free clinics (both FCI clinics and independent free clinics) for use in common areas of community-based service provisions; medical supplies/equipment, pharmaceutical support, lab/x-ray support, specialty care referrals, professional development/training, information technology and volunteer recruitment.</p> <p>Free Clinics of Iowa: Sustained appropriation for the administrative core to maintain the critical infrastructure enabling free clinics to remain open and to lead state-wide efforts to move free clinic patients toward affordable and accessible health home utilization, as applicable.</p> <p>Addressing the current challenges:</p> <p>National Un-insured Rate: 28.6 Million</p> <p>Iowa Un-insured Rate: 8.1%</p>	<p>FCI Membership: 31 free clinics</p> <p>FCI Volunteer Workforce: ~1,200</p> <p>FCI Annual Total Patient Visits: 11,447</p> <p>FCI's In-Kind Contribution to Iowa's Healthcare Delivery System: \$2,087,418</p> <p>Return on Investment: \$4.99 for every State dollar</p> <p>(2,087,418-348,322/348,322=4.99)</p> <p>Each free clinic (both FCI members and independent free clinics) requesting funding received approximately \$3,000 toward direct service support.</p> <p>Free Clinics of Iowa utilized funds toward membership support in the provision of property, general liability and partial professional liability insurance coverage (where VHCPP is not applicable), accounting services, volunteer application processing (including criminal, child abuse and adult dependent abuse checks), professional development/education offerings, website support, marketing/signage, data/IT support, distribution of donated goods and the establishment of community-based referrals for insurability options and ancillary social service programs.</p>
2014	<p>Total: \$348,322</p> <p>\$125,000 to free clinics</p> <p>\$223,322 to FCI</p>	<p>As healthcare reform measures moved further into the implementation phase, Iowa's free clinics solidified connections with entities that would become eligibility, application and enrollment assisters for expanded health insurance provisions.</p> <p>Free Clinics: The appropriation was divided and distributed among Iowa's free clinics (both FCI clinics and</p>	<p>FCI Membership: 33 free clinics</p> <p>FCI Volunteer Workforce: ~1,400</p> <p>FCI Annual Total Patient Visits: 13,242</p> <p>FCI's In-Kind Contribution to Iowa's Healthcare Delivery System: \$2,210,323</p> <p>Return on Investment: \$5.35 for every State dollar</p> <p>(2,210,323-348,322/348,322=5.35)</p>

		<p>independent free clinics) for use in common areas of community-based service provisions; medical supplies/equipment, pharmaceutical support, lab/x-ray support, specialty care referrals, professional development/training, information technology and volunteer recruitment.</p> <p>Free Clinics of Iowa: Increased appropriations for the administrative core of Iowa's free clinics was provided, not only to sustain the critical infrastructure enabling free clinics to remain open, but to lead state-wide efforts for free clinics in navigating a reformed delivery system. Service delivery demands more effort and expertise as free clinics expand offerings beyond basic primary care visits, to include insurability exploration and determinant of health considerations.</p> <p>Addressing the current challenges:</p> <p>National Un-insured Rate: 33 Million</p> <p>Iowa Un-insured Rate: 10.1%</p>	<p>Each free clinic (both FCI members and independent free clinics) requesting funding received approximately \$3,000 toward direct service support.</p> <p>Free Clinics of Iowa utilized funds toward membership support in the provision of property, general liability and partial professional liability insurance coverage (where VHCPP is not applicable), accounting services, volunteer application processing (including criminal, child abuse and adult dependent abuse checks), professional development/education offerings, website support, marketing/signage, data/IT support, distribution of donated goods and the establishment of community-based referrals for insurability options and ancillary social service programs.</p>
2013	<p>Total: \$348,322</p> <p>\$125,000 to free clinics</p> <p>\$223,322 to FCI</p>	<p>As healthcare reform measures began entering the implementation phase, Iowa's free clinics moved from paper to electronic data/record systems and solidified connections with entities that would become eligibility, application and enrollment assisters for expanded health insurance provisions.</p> <p>Free Clinics: The appropriation was divided and distributed among Iowa's free clinics (both FCI clinics and independent free clinics) for use in common areas of community-based service provisions; medical supplies/equipment, pharmaceutical support, lab/x-ray support, specialty care referrals, professional</p>	<p>FCI Membership: 38 free clinics</p> <p>FCI Volunteer Workforce: ~1,300</p> <p>FCI Annual Total Patient Visits: 16,351</p> <p>FCI's In-Kind Contribution to Iowa's Healthcare Delivery System: \$2,463,028</p> <p>Return on Investment: \$6.07 for every State dollar</p> <p>(2,463,028-348,322/348,322=6.07)</p> <p>Each free clinic (both FCI members and independent free clinics) requesting funding received approximately \$3,000 toward direct service support.</p> <p>Free Clinics of Iowa utilized funds toward membership support in the provision of property, general liability and partial professional liability</p>

		<p>development/training, information technology and volunteer recruitment.</p> <p>Free Clinics of Iowa: Increased appropriations for the administrative core of Iowa's free clinics was provided, not only to sustain the critical infrastructure enabling free clinics to remain open, but to lead state-wide efforts for free clinics in navigating a reformed delivery system. The following organizational vision statements were adopted for all FCI member clinics:</p> <ul style="list-style-type: none"> - Adapt to the changing healthcare system - Serve those who fall through the gaps of the healthcare system - Provide compassionate and appropriate basic healthcare services - Promote patient education and healthcare system awareness - Establish referral systems to accessible and affordable health homes <p>Addressing the current challenges:</p> <p>National Un-insured Rate: 42 Million</p> <p>Iowa Un-insured Rate: 10%</p>	<p>insurance coverage (where VHCPP is not applicable), accounting services, volunteer application processing (including criminal, child abuse and adult dependent abuse checks), professional development/education offerings, website support, marketing/signage, data/IT support and the distribution of donated goods.</p>
2012	<p>Total: \$273,322</p> <p>\$123,720 to free clinics</p> <p>\$149,602 to FCI</p>	<p>As healthcare reform conversations continued, an industry-wide push to move from paper to electronic data/record formats was underway.</p> <p>Free Clinics: The appropriation was divided and distributed among Iowa's free clinics (both FCI clinics and independent free clinics) for use in common areas of community-based service provisions; medical supplies/equipment, pharmaceutical support, lab/x-ray support, specialty care referrals, professional development/training, information technology and volunteer recruitment.</p> <p>Free Clinics of Iowa: Understanding most free clinics would cease to exist without</p>	<p>FCI Membership: 37 free clinics</p> <p>FCI Volunteer Workforce: ~1,300</p> <p>FCI Annual Total Patient Visits: 14,861</p> <p>FCI's In-Kind Contribution to Iowa's Healthcare Delivery System: \$1,098,103</p> <p>Return on Investment: \$3.02 for every State dollar</p> <p>(1,098,103-273,322/273,322=3.02)</p> <p>Each free clinic (both FCI members and independent free clinics) requesting funding received approximately \$3,000 toward direct service support.</p> <p>Free Clinics of Iowa utilized funds toward membership support in the provision of data/IT support, volunteer</p>

		<p>infrastructure support, State dollars were increased to assist in the paper to electronic transition and to replace previous federal support toward a central administrative core for Iowa's free clinics.</p> <p>Addressing the current challenges:</p> <p>National Un-insured Rate: 48 Million</p> <p>Iowa Un-insured Rate: 12.3%</p>	<p>application processing (including criminal, child abuse and adult dependent abuse checks), professional development/education offerings, website support and the distribution of donated goods.</p>
2011	<p>Total: \$124,050</p> <p>\$124,050 to free clinics</p> <p>\$0 to FCI</p>	<p>Addressing the current challenges:</p> <p>National Un-insured Rate: 48.6 Million</p> <p>Iowa Un-insured Rate: 11.4%</p>	<p>FCI Membership: 34 free clinics</p> <p>FCI Volunteer Workforce: ~1,200</p> <p>FCI Annual Total Patient Visits: 13,620</p> <p>FCI's In-Kind Contribution to Iowa's Healthcare Delivery System: \$998,204</p> <p>Return on Investment: \$7.05 for every State dollar</p> <p>(998,204-124,050/124,050=7.05)</p> <p>Each free clinic (both FCI members and independent free clinics) requesting funding received approximately \$3,000 toward direct service support.</p>
2010	<p>Total: \$168,773.85</p> <p>\$108,773.85 to free clinics</p> <p>\$0 to FCI</p> <p>\$60,000 to IDPH:VHCPP</p>	<p>In the midst of an economic recession, the uninsured rates and the number of Iowa's free clinics continued to rise. The State offered a further decrease in appropriation and another mid-year reduction from the previous year.</p> <p>Free Clinics: This portion of the appropriation was divided and distributed among Iowa's free clinics (both FCI clinics and independent free clinics) for use in common areas of community-based service provisions; medical supplies/equipment, pharmaceutical support, lab/x-ray support, specialty care referrals, professional development/training, information technology and volunteer recruitment.</p> <p>Free Clinics of Iowa received no Federal or State support for the administrative</p>	<p>FCI Membership: 29 free clinics</p> <p>FCI Volunteer Workforce: ~900</p> <p>FCI Annual Total Patient Visits: 13,842</p> <p>FCI's In-Kind Contribution to Iowa's Healthcare Delivery System: \$800,759</p> <p>Return on Investment: \$3.74 for every State dollar</p> <p>(800,759-168,773.85/168,773.85=3.74)</p> <p>Each free clinic (both FCI members and independent free clinics) requesting funding received approximately \$3,000 toward direct service support.</p> <p>Iowa Department of Public Health – Volunteer Health Care Provider Program. With dedicated personnel, the VHCPP realized increased efficiencies with timely application processing and approvals, significantly improving</p>

		<p>office to provide statewide coordination and infrastructure.</p> <p>Iowa Department of Public Health – Volunteer Health Care Provider Program: FCI requested to forfeit part of its appropriation to IDPH for personnel support dedicated to the VHCPP for the fourth consecutive year. This program provides critical indemnification to free clinic volunteer providers and is at the core of FCI’s ability to recruit and retain volunteers.</p> <p>Addressing the current challenges:</p> <p>National Un-insured Rate: 49.9Million</p> <p>Iowa Un-insured Rate: 9.0%</p>	<p>volunteer recruitment and retention efforts.</p>
2009	<p>Total: \$184,050</p> <p>\$113,706 to free clinics</p> <p>\$10,344 to FCI</p> <p>\$60,000 to IDPH:VHCPP</p>	<p>As the economy was in decline and the number of uninsured at its highest point in years, the number of Iowa’s free clinics continued to rise as well. The State offered a decreased appropriation and further mid-year reductions from the previous year.</p> <p>Free Clinics: This portion of the appropriation was divided and distributed among Iowa’s free clinics (both FCI clinics and independent free clinics) for use in common areas of community-based service provisions; medical supplies/equipment, pharmaceutical support, lab/x-ray support, specialty care referrals, professional development/training, information technology and volunteer recruitment.</p> <p>Free Clinics of Iowa: Federal support for the administrative office was eliminated, along with all other federal earmarks, as a policy mandate. State dollars were dedicated to education/networking offerings.</p> <p>Iowa Department of Public Health – Volunteer Health Care Provider Program:</p>	<p>FCI Membership: 23 free clinics</p> <p>FCI Volunteer Workforce: ~900</p> <p>FCI Annual Total Patient Visits: 12,638</p> <p>FCI’s In-Kind Contribution to Iowa’s Healthcare Delivery System: \$766,287</p> <p>Return on Investment: \$3.16 for every State dollar</p> <p>$(766,287 - 184,050 / 184,050 = 3.16)$</p> <p>Each free clinic (both FCI members and independent free clinics) requesting funding received approximately \$3,000 toward direct service support.</p> <p>Free Clinics of Iowa utilized funds toward membership support in the provision of two professional development/education/networking offerings.</p> <p>Iowa Department of Public Health – Volunteer Health Care Provider Program. With dedicated personnel, the VHCPP realized increased efficiencies with timely application processing and approvals, significantly improving volunteer recruitment and retention efforts.</p>

		<p>FCI requested to forfeit part of its appropriation to IDPH for personnel support dedicated to the VHCPP for the third consecutive year. This program provides critical indemnification to free clinic volunteer providers and is at the core of FCI's ability to recruit and retain volunteers.</p> <p>Addressing the current challenges:</p> <p>National Un-insured Rate: 50.7 Million</p> <p>Iowa Un-insured Rate: 10.5%</p>	
2008	<p>Total: \$250,000</p> <p>\$150,000 to free clinics</p> <p>\$40,000 to FCI</p> <p>\$60,000 to IDPH:VHCPP</p>	<p>Free Clinics: The number of Iowa's free clinics continued to rise and the State provided level funding from the previous year to support safety net providers. The appropriation was divided and distributed among Iowa's free clinics (both FCI clinics and independent free clinics) for use in common areas of community-based service provisions; medical supplies/equipment, pharmaceutical support, lab/x-ray support, specialty care referrals, professional development/training, information technology and volunteer recruitment.</p> <p>Free Clinics of Iowa: Federal support for the administrative office was eliminated for the second consecutive year, along with all other federal earmarks, as a policy mandate. Understanding most free clinics would cease to exist without infrastructure support, State dollars helped ease the loss of federal support for this purpose.</p> <p>Iowa Department of Public Health – Volunteer Health Care Provider Program: FCI requested to forfeit part of its appropriation to IDPH for personnel support dedicated to the VHCPP for the second consecutive year. This program provides critical indemnification to free clinic volunteer providers and is at the</p>	<p>FCI Membership: 18 free clinics</p> <p>FCI Volunteer Workforce: ~650</p> <p>FCI Annual Total Patient Visits: 9,662</p> <p>FCI's In-Kind Contribution to Iowa's Healthcare Delivery System: \$845,744</p> <p>Return on Investment: \$2.38 for every State dollar</p> <p>$(845,744 - 250,000 / 250,000 = 2.38)$</p> <p>Each free clinic (both FCI members and independent free clinics) requesting funding received approximately \$4,000 toward direct service support.</p> <p>Free Clinics of Iowa utilized funds toward membership support in the provision of volunteer application processing (including criminal, child abuse and adult dependent abuse checks), professional development/education/networking offerings and the distribution of donated goods.</p> <p>Iowa Department of Public Health – Volunteer Health Care Provider Program. With dedicated personnel, the VHCPP realized increased efficiencies with timely application processing and approvals, significantly improving volunteer recruitment and retention efforts.</p>

		<p>core of FCI's ability to recruit and retain volunteers.</p> <p>Addressing the current challenges:</p> <p>National Un-insured Rate: 46.3 Million</p> <p>Iowa Un-insured Rate: 9.4%</p>	
2007	<p>Total: \$250,000</p> <p>\$150,000 to free clinics</p> <p>\$40,000 to FCI</p> <p>\$60,000 to IDPH:VHCPP</p>	<p>Free Clinics: As the number of Iowa's free clinics continued to rise, State funding to support safety net providers was increased as well. The appropriation was divided and distributed among Iowa's free clinics (both FCI clinics and independent free clinics) for use in common areas of community-based service provisions; medical supplies/equipment, pharmaceutical support, lab/x-ray support, specialty care referrals, professional development/training, information technology and volunteer recruitment.</p> <p>Free Clinics of Iowa: Federal support for the administrative office was eliminated along with all other federal earmarks, as a policy mandate. Understanding most free clinics would cease to exist without infrastructure support, State dollars helped ease the loss of federal support for this purpose.</p> <p>Iowa Department of Public Health – Volunteer Health Care Provider Program: Previously an unfunded mandate, FCI requested to forfeit part of its appropriation to IDPH for personnel support dedicated to the VHCPP. This program provides critical indemnification to free clinic volunteer providers and is at the core of FCI's ability to recruit and retain volunteers.</p> <p>Addressing the current challenges:</p> <p>National Un-insured Rate: 45.7 Million</p> <p>Iowa Un-insured Rate: 9.4%</p>	<p>FCI Membership: 17 free clinics</p> <p>FCI Volunteer Workforce: ~600</p> <p>FCI Annual Total Patient Visits: 9,108</p> <p>FCI's In-Kind Contribution to Iowa's Healthcare Delivery System: \$821,191</p> <p>Return on Investment: \$2.28 for every State dollar</p> <p>(821,191-250,000/250,000=2.28)</p> <p>Each free clinic (both FCI members and independent free clinics) requesting funding received approximately \$4,000 toward direct service support.</p> <p>Free Clinics of Iowa utilized funds toward membership support in the provision of volunteer application processing (including criminal, child abuse and adult dependent abuse checks), professional development/education/networking offerings and the distribution of donated goods.</p> <p>Iowa Department of Public Health – Volunteer Health Care Provider Program. With dedicated personnel and an internal quality assessment process, the VHCPP reduced both the amount of documentation required within applications and the turn-around time in processing approvals, significantly improving volunteer recruitment and retention efforts.</p>
2006	Total: \$90,000	Free Clinics: State funding to assist in support of Iowa's safety net providers.	FCI Membership: 16 free clinics

	<p>\$90,000 to free clinics</p> <p>\$0 to FCI</p>	<p>The appropriation was divided and distributed among Iowa's free clinics (both FCI clinics and independent free clinics) for use in common areas of community-based service provisions; medical supplies/equipment, pharmaceutical support, lab/x-ray support, specialty care referrals, professional development/training, information technology and volunteer recruitment.</p> <p>Free Clinics of Iowa received Federal support for the administrative office to provide statewide coordination and infrastructure. No State support.</p> <p>Addressing the current challenges:</p> <p>National Un-insured Rate: 47 Million</p> <p>Iowa Un-insured Rate: 10.8%</p>	<p>FCI Volunteer Workforce: ~550</p> <p>FCI Annual Total Patient Visits: 7,703</p> <p>FCI's In-Kind Contribution to Iowa's Healthcare Delivery System: \$709,348</p> <p>Return on Investment: \$6.88 for every State dollar</p> <p>(709,348-90,000/90,000=6.88)</p> <p>Each free clinic (both FCI members and independent free clinics) requesting funding received approximately \$4,000 toward direct service support.</p>
2005	<p>Total: \$120,000</p> <p>\$120,000 to free clinics</p> <p>\$0 to FCI</p>	<p>Free Clinics: Inaugural State funding to assist in support of Iowa's safety net providers. The appropriation was divided and distributed among Iowa's free clinics (both FCI clinics and independent free clinics) for use in common areas of community-based service provisions; medical supplies/equipment, pharmaceutical support, lab/x-ray support, specialty care referrals, professional development/training, information technology and volunteer recruitment.</p> <p>Free Clinics of Iowa received Federal support for the administrative office to provide statewide coordination and infrastructure. No State support.</p> <p>Addressing the current challenges:</p> <p>National Un-insured Rate: 46.6 Million</p> <p>Iowa Un-insured Rate: 10.4%</p>	<p>FCI Membership: 13 free clinics</p> <p>FCI Volunteer Workforce: ~450</p> <p>FCI Annual Total Patient Visits: 5,018</p> <p>FCI's In-Kind Contribution to Iowa's Healthcare Delivery System: \$872,649</p> <p>Return on Investment: \$6.27 for every State dollar</p> <p>(872,649-120,000/120,000=6.27)</p> <p>Each free clinic (both FCI members and independent free clinics) requesting funding received approximately \$4,500 toward direct service support.</p>

*Report indicated 2005 first year of appropriations

Iowa Coalition Against Sexual Assault – Community Capacity Allocation

Target Populations:

These funds are primarily used to increase the number of Sexual Assault Nurse Examiners (SANEs) in Iowa, particularly in rural Iowa. SANE nurses are nurses who go through a 40-hour training to learn best practices for client treatment following a sexual assault, as well as evidence collection and trauma. These funds are also used to provide training to other members of the Sexual Assault Response Team (SART). Other members commonly include advocates, law enforcement, nurses, and attorneys. The Purpose of SARTs is to create an established protocol so the survivor will receive the same treatment and process no matter who the responding members are. The Rural SART Coordinator with IowaCASA works with this grant funds. This position is seeking to add additional community members to the SART. For example, working with college campuses, faith communities, detention facilities, and organizations that serve marginalized people.

Types of Services Provided by State Funding:

These funds are primarily used to provide scholarships to nurses to attend SANE training. These scholarships cover the cost of training and mileage reimbursement, as well as hotel and meals if the participants live over 60 miles away. SANE training is a 40-hour training course that covers a range of topics related to sexual assault, sexual assault exams, evidence collection, trauma, in addition to considerations for special populations (LGBTQ communities, older adults, children etc.). This course is only available to nurses who have at least their RN License.

This funding has also supported the annual SART Summit, used to provide trainings to the various disciplines involved with SART teams. The SART Summit is open to all disciplines of the SART, or those interested in being a part of a SART. Topics for this summit have included from working with male identified survivors, mandatory reporting, case consultation, trauma, working with older adult survivors, and female genital mutilation. Primary attendees include advocates, law enforcement, and nurses.

Continuing Needs of the Organization to Meet Its Objectives:

In order to best support Iowa SANEs, we hope to utilize some funds in the future to pay a portion of salary for the Rural SART Coordinator. Organizing trainings such the SART Summit, reviewing scholarship applications, and the development of webinars takes a significant amount of time. This grant falls under the responsibility of the SART Coordinator, who is not trained as a nurse, so providing training and technical assistance for SANEs can be difficult. While this funding is invaluable, it is not enough to support a full time position for technical assistance for nurses and to provide intensive support to rural areas to develop SANE programs.

Continuing Needs of the Target Population to Improve Health Outcomes:

Many rural nurses report it is difficult to feel confident in their training as they may only see 1-2 patients a year. As a result, we continue to struggle to keep SANEs training and practicing. We have added a new refresher course for previously trained SANEs to attend and keep up on their skills and knowledge. We are hoping this refresher course improves the confidence and the retention of Iowa SANEs. In addition to not seeing many sexual assault survivors, many hospitals only have 1-2 SANE nurses, and it is unreasonable to have them on call 24/7. Continuing to build the SANE network and provide on-going training will be important in supporting the nurses who are currently trained, and any nurses who come through SANE training in the future.

Overview of State Funding:

Year	State Funding	Objectives	Results
2016	\$50,000	Hold SART Summit and Provide Scholarships Provide Scholarships to rural nurses for SANE Training Organize SANE Contact information	42 participants attended the SART Summit and 13 scholarships were awarded for SART members to attend. SANE Database consists of 127 SANEs and SANEs are being added as they become

Year	State Funding	Objectives	Results
		Provide additional training for SART members	<p>trained. SANE Listserv has combined with the University of Iowa's SART Team Listserv in order to make it more effective and accessible.</p> <p>28 nurses were awarded scholarships to attend SANE training.</p> <p>7 SANEs attended the SANE regional meetings.</p>
2015	\$50,000	<p>Hold SART Summit and Provide Scholarships</p> <p>Provide Scholarships to rural nurses for SANE Training</p> <p>Provide additional training for SART members</p>	<p>100 participants attended the SART Summit and 33 scholarships were awarded for SART members to attend.</p> <p>23 nurses were awarded scholarships to attend SANE training.</p> <p>236 Law Enforcement Cadets were trained.</p> <p>25 SANEs attended the SANE regional meetings.</p>
2014	\$50,000	<p>Hold SART Summit and Provide Scholarships</p> <p>Provide Scholarships to rural nurses for SANE Training</p> <p>Provide additional training for SART members</p>	<p>133 participants attended the SART Summit and 40 scholarships were awarded for SART members to attend.</p> <p>37 nurses were awarded scholarships to attend SANE training.</p> <p>154 Law Enforcement Cadets were trained.</p>
2013	\$50,000	<p>Hold SART Summit and Provide Scholarships</p> <p>Provide Scholarships to rural nurses for SANE Training</p> <p>Provide additional training for SART members</p>	<p>91 participants attended the SART Summit and 56 scholarships were awarded for SART members to attend.</p> <p>37 nurses were awarded scholarships to attend SANE training.</p> <p>38 Law Enforcement Cadets were trained.</p>

*Report indicated 2013 first year of appropriations

Polk County Medical Society – Community Capacity Allocation

Target Populations:

Iowans who require specialty care and are uninsured, below 200% federal poverty level. They are not eligible for any government funded programs, or do not apply for programs at 138 to 200% below federal poverty level, or are under insured and cannot afford their high deductible to receive the care they need.

Types of Services Provided by State Funding:

The VPN provides specialty care to Iowans who qualify for free specialty care from a volunteer network of Polk County Medical Society specialists, Des Moines Hospitals, and surgery centers. The VPN also provides free interpretive services to meet the federal law mandated that non English speaking patients must have an interpreter for each medical appointment.

Continuing Needs of the Organization to Meet Its Objectives:

The VPN requires funding to provide the operational referral services to a growing number of Iowans in need from the 54 free clinics in Iowa. This funding allows for administrative, employee, and operational expenses to administer the only free specialty care program in Iowa for those who meet the needs for this service.

Continuing Needs of the Target Population to Improve Health Outcomes:

Iowans in need who receive free specialty care including: lab, x-ray, pre and post op care, follow-up, an interpreter when needed, continue to improve their health. These patients are educated about their health care conditions, risk, how to manage their health, which allows them to return to a productive and healthier life with dignity.

Overview of State Funding:

Year	State Funding	Objectives	Results
2016	FY16 July 1, 2015- June 30, 2016 \$213,748	Recruit additional specialties needed. Train referring clinics and physician's staff on concise referral process. Conduct PR activities to secure sustainability funding. Explore automation on the VPN internal process securing quotes for implementing program. Provide community/IPCA reporting. Host recognition for VPN volunteers.	The VPN provided 2,327 specialty care referrals, and over \$5.4 million in free specialty care donated by volunteer specialists and hospitals. 9 specialists were recruited for a total of 475 volunteers in the network. The VPN held an appreciation reception at Terrace Hill and Governor Branstad thanked the volunteers for the free care provided to Iowans. The VPN met with Iowa Legislators to report the findings on why Iowans who are eligible for insurance do not purchase it. Received grants to assist with interpretive services for VPN patients. The PCMS requested a meeting with IDPH, IPCA, and PCMS to discuss how the VPN can receive timely contract and payments. Polk County Medical Society has had to subsidize program because payments were 5 months late to start and then randomly paid with June payment not made to date August 25, 2016, (long over the 45-day term). The VPN was hoping for a resolution but has not yet received the contract for 2016/17 nor the last payment for June, 2016 contract.
2015	FY15 July 1, 2014- June 30, 2015 \$213,748	Recruit additional specialists needed. Hold 2 Advisory meeting for Referring clinics and specialty managers on concise referral process. Conduct PR activities to secure sustainability funding.	The VPN provided 2,094 specialty care referrals, and over \$5 million in free specialty care donated by 466 volunteer specialists and hospitals. Secured interpretive services for over 90% of the patients served. Received grants to assist with interpretive services for VPN patients. The VPN continues to receive late payments of 4-5 months from IPCA

Year	State Funding	Objectives	Results
		Provide community and IPCA reporting. Provide Iowa Legislators with feedback on questionnaire all VPN patients must complete on insurance coverage. Host VPN recognition for volunteers.	causing a great financial burden on the Polk County Medical Society. PCMS has had to again use their reserves to try and continue with the VPN program until funding is received from IPCA. The VPN coordinator quit due to lack of funding received from IPCA and the VPN could not hire a new coordinator until state funding was received from IPCA. The PCMS met with the IDPH Director to try and resolve the late payments and would try and resolve in next year grant funding discussions.
2014	FY14 July 1, 2013- June 30, 2014 \$213,748	Recruit additional specialist needed. Hold 2 Advisory meeting for Referring clinics on concise referral process. Conduct PR activities to secure sustainability funding. Provide community/IPCA reporting. Survey all patients 138-200% below poverty on access and participation in Iowa Health Insurance Marketplace. Provide recognition to VPN volunteers. Recruit additional specialist.	The VPN provided 1,670 specialty care referrals, and over \$4.9 million in free specialty care donated. Increased the number of participating specialty care providers from 442 in FY13 to 454. Conducted public relations campaign that included distribution of newly developed program materials, TV news, and magazine features. Received a small grant to assist with interpretive services for VPN patients. VPN training at clinics and physicians' offices have improved program efficiency. Patients served have increased. A VPN reception was held at Terrace Hill with Governor Branstad thanking the volunteers for free specialty care to Iowans. VPN did not receive funding for many months which caused a burden on Polk County Medical Society for timely payments to VPN staff and administration expenses.
2013	FY13 July 1, 2012- June 30, 2013 Original award was \$154,511, received reduced award of \$153,748	Host two advisory committee meetings with physician and referring clinic managers. Develop a quarterly report that can be produced and sent to referring clinics on an ongoing basis with a goal towards monthly reports. Increase number of physicians (from 432 in FY12) participating in the program. Identify areas and specialists needed. Conduct satisfaction survey of referring clinics and participating providers to referral process. Host appreciation reception for volunteers. Secure an intern to design a public relations campaign. Track, report all required data. Communicate to community VPN ROI. Pursue grants to sustain program.	The VPN provided 1,502 specialty care referrals, and \$3.791 million in free specialty care donated by volunteer specialists and hospitals. VPN ROI for every \$1 used to administer the program, \$24.66 of specialty care serviced was donated to the VPN. 10 specialists were recruited for a total of 442 volunteers. Provided 47 free clinics in multiple counties services. Developed monthly reports to referring clinics. Facilitated 2 Advisory Committee meetings focused on programs changes. Secured grant funding from Prairie Meadows to help subsidize the cost of interpretive services. Met with multiple specialty provider clinics to recruit new providers. Met with referring clinic's medical directors to identify and address issues, and provided training to improve program operations and efficiencies to maintain their participation in the program. VPN reception held thanking volunteers. IPCA funding received randomly causing a burden on the Polk County Medical Society resources and financial reserves.
2012	FY12 July 1, 2011- June 30, 2012	Provide free specialty care to increased Iowans in need. Recruit additional specialists	The VPN provided 1,596 specialty care referrals, and over \$1.05 million in free specialty care services was donated by volunteer specialists and hospitals.

Year	State Funding	Objectives	Results
	\$128,000	needed. Hold 2 Advisory meeting for Referring clinics and specialty office managers. Conduct PR activities to secure sustainability funding. Provide community/IPCA reporting. Track and report the VPN ROI. Pursue grants to sustain program funding. Host Recognition for volunteers.	16 specialists were recruited for a total of 432 volunteers. Changed referral policies and procedures to streamline the referral process and assure specialty providers have updated VPN policies. Made referring clinics site visits to train and update process and efficiencies with staff. Facilitated two VPN Advisory meetings to improve efficiencies in clinics and specialist offices. Secured grant funding from Prairie Meadows to help subsidize the cost of interpretive services and Wells Fargo to support program operations. VPN thank you reception was held at Terrace Hill with Governor Branstad thanking the volunteers for the specialty care provided to Iowans. Funding from IPCA delayed many months making it challenging to pay VPN staff and operations. This caused a burden on Polk County Medical Society for timely payments to staff and administration expenses which made them use their reserves during these times.
2011	FY11 July 1, 2010- June 30, 2011 Original award was \$139,350, received reduced award of \$127,784	Provide free specialty care to increased Iowans in need. Recruit additional specialists needed. Hold 2 Advisory meeting for Referring clinics. Conduct PR activities to secure funding sustainability. Provide community/IPCA reporting. Track and report VPN ROI. Pursue grants to assist funding for program. Host Recognition for volunteers. Consider internship opportunities and AmeriCorps volunteer hosting.	The VPN provided 1,435 specialty care referrals, and over \$1.4 million in care donated by specialists and hospitals. 33 new specialists were recruited for a total of 416 volunteers. 2 Advisory Committee meetings were held, and membership was expanded. Held a VPN reception to thank volunteers.
2010	FY10 July 1, 2009- June 30, 2010 Original award was \$143,500, received reduced award of \$137,387	Educate specialty physicians' offices on VPN procedures. Host 2 Advisory Committee meeting with specialists and referring clinic managers. Recruit additional specialists and hospitals to participate in the network. Develop website for patients, providers, referring clinics and public to increase access to network information and increase awareness of program. Develop, implement a sustainability plan.	The VPN provided 1,748 specialty care referrals, and over \$3 million in care donated by volunteer specialists and hospitals. 39 surgery referrals were completed compared to 14 in FY09. 10 volunteer specialists were recruited for a total of 383 specialists. A VPN website was developed, completed with an average of 55 hits per month. Successfully developed and implemented an Interpretive Services pilot program to meet federal requirements that all non-English speaking patients have an interpreter. Pursued grants and received grant from Prairie Meadows for partial funding. 431 patients could communicate effectively the medical condition with the patient. All patients require multiple visits and an interpreter every time. Developed a new database to track the referrals, interpreters needed, and number of contacts required to process referrals, to calculate

Year	State Funding	Objectives	Results
			the value of care given. Two Advisory Committee meetings were held. A VPN reception was held to thank volunteers.
2009	FY09 July 1, 2008- June 30, 2009 \$175,000	Expand free clinics referring to program. Train referring clinics on VPN procedures for efficiency. Increase volunteer specialists. Secure sustainable funding. Initiate PR for program. Work to secure hospital participation. Recognition for volunteers. Expand data.	Met the specialty care needs of 374 patients and making 412 referrals for services. Recruited 100 new specialist providers to the network of 373, making available 37 different types of specialty services to patients served. Engaging all area hospitals in the network. Securing funding to support the network's interpreter program, making available interpretive services to patients through the development of referral clinic and network processes. Securing funding for a fundraising consultant. Participated in Network and other training activities. Developing a patient referral form for clinics. Receiving an increase in referrals from the Free Clinics of Iowa after participating in clinic meetings and educating staff on referral process. Expanding the number of clinics referring (approximately 110) eligible patients to the network. Planning a recognition event for network providers.
2008	FY 08 July 1, 2007 - June 30, 2008	Expand free clinics referring to program. Train referring clinics on VPN procedures for efficiency. Increase volunteer specialists. Secure sustainable funding. Initiate PR for program. Work to secure hospital participation. Recognition for volunteers. Expand data collection.	The VPN was not operational from June 1, 2007 due to lack of funding. The program re-established the infrastructure to maintain the network and to link safety net patients with needed specialist. The VPN hired an Administrative Director and a VPN coordinator to begin to work again with specialty referrals. The VPN from March 11 to June 30 provided 200 specialty care referrals. Recruited 129 new specialist to the provider network of 273. There are currently no hospitals that are participating in this program.

*Report indicated 2008 first year of appropriations

Iowa Donor Network – Community Capacity Allocation

Target Populations:

The entire state of Iowa, population of approximately 3.107M with target focus in Black Hawk County pop. 132,546, Johnson County pop. 139,155, Jasper County pop. 36,641, Henry County pop. 20,222, and Polk County pop. 451,667 as well as Southeast Iowa Counties and the Latino population.

Types of Services Provided by State Funding:

Targeted campaigns and activities that educate and promote the donor registry in SE Iowa through the use of ads in the El Heraldo publication and sponsor of events such as drag racing where target groups attend. Targeted efforts using video, online ads and search engines using ‘Be a Hero: Any age is the right age to become an organ donor.’ Increase engagement on social media sites where the level of engagement can be measured and a large number of Iowans can be reached. Use specific Facebook and Twitter sites where response and activity can be tracked. Further development and analyze registry data to identify low registry counties in Iowa. QCI will work on report development, refinement of processes and systems to use additional data provided by DOT and enhancement of IT support to protect data. Print registry brochures to be placed in DOT locations state wide for education about donor registration. Further enhance the website to keep users returning and new users visiting to help increase the numbers of Iowans registered as an organ and tissue donor. Contract with Heartland Business Systems to increase security measures to protect server and registry data from outside threats. Continue to download death records monthly to keep registry data up to date.

Continuing Needs of the Organization to Meet Its Objectives:

Death record download from IDPH Vital records. Enhanced reports to identify low registry counties. New, fresh and targeted campaigns to reach Iowans who have not registered to be an organ or tissue donor. Materials and social media outlets to reach as many Iowans as possible to educate and promote organ and tissue donation. Constant improvement of IT security to protect registry from breaches. Dedicated staff time to analyze registry data and develop targeted campaigns to increase the number of Iowans registered.

Continuing Needs of the Target Population to Improve Health Outcomes:

Overview of State Funding:

Year	State Funding	Objectives	Results
2016	\$250,000		

*Report indicated 2016 first year of appropriations

Prevent Blindness Iowa – Community Capacity Allocation

Target Populations:

School nurses, lay volunteers, public health officials and others that will be providing vision screening to children. The program provides vision screening training and certification as well as tool and materials necessary to perform vision screening. The program targets children preschool through 12th grade to receive a vision screening.

Types of Services Provided by State Funding:

The program includes training, certification and necessary vision screening materials to conduct a vision screening. Once vision screening is conducted those families whose children have been referred to an eye doctor and meet financial guidelines are assisted with a gift certificate for a no cost eye exam and glasses if prescribed. In addition, there is an eye health education component that is available to school districts to learn more about vision.

Continuing Needs of the Organization to Meet Its Objectives:

The school nurse training program is an ongoing priority for Prevent Blindness Iowa. There are a number of school districts and public health departments across the state who have not yet benefitted from our comprehensive vision screening program. In addition, there is a turnover in the school nurse position. As new nurses are hired they will need to be trained in order to be an effective certified vision screener. Due to new research and technology advances, vision screening certification must be renewed every three years in order for those trained to have the most updated information and methods of providing vision screening to children. Prevent Blindness Iowa will continue to need funding to provide vision screening training across the state as well as vision screening materials and ongoing support to the hundreds of school nurses and public health employees we have and will train. Standardized vision screening using the most current techniques and equipment is essential to conducting an age appropriate vision screening. Prevent Blindness Iowa provides school nurses, public health employees, lay volunteers and others with a vision screening training program that provides standardization of the vision screening process, referral criteria and the materials needed to complete the vision screening. With vision screening technology continuing to change and school nurses wanting to provide standardized screenings in their districts, this is an ongoing need.

Continuing Needs of the Target Population to Improve Health Outcomes:

Good vision and overall eye health are vital to learning and development. Since children are still growing eye changes will take place throughout their childhood. Recent scientific studies have linked poor school performance in literacy skills with vision problems. About 80% of what a child learns by age 12 is through their vision. The earlier vision problems are identified, the sooner they can be detected and treated. School nurses and public health departments across the state will continue to need our certified vision screening training program and the vision screening tools and materials that are provided to them. With the importance of children's vision to learning, being able to provide effective and efficient vision screening to children in Iowa will continue to be a priority. This program enables school nurses and public health employees to eliminate vision as a barrier to a child's success in school.

Overview of State Funding:

Year	State Funding	Objectives	Results
2016	\$100,000	To increase statewide vision screening programs to children through school nurses, public health employees and volunteers.	Provided training, ongoing support and materials to 144 school nurses and public health employees. In addition 49 lay volunteers were trained to assist certified vision screeners conduct vision screenings. Provided gift certificates for an eye exam and a pair of glasses to 31 children in financial need.

Year	State Funding	Objectives	Results
2015	\$100,000	To increase statewide vision screening programs to children through school nurses, public health employees and volunteers.	Program changes were made based on current research. Updated training materials and protocols. Provided training, ongoing support and materials to 58 school nurses and public health employees. Provided training to 43 lay volunteers to assist certified vision screeners conduct vision screenings. Provided gift certificates for an eye exam and pair of glasses to 35 children in financial need.
2014	\$100,000	To increase statewide vision screening programs to children through school nurses, public health employees and volunteers.	Provided training, ongoing support and materials to 71 school nurses and public health employees. In addition 50 lay volunteers were trained to assist certified vision screeners conduct vision screenings. Provided 45 gift certificates for an eye exam and pair of glasses to children in financial need.
2013	\$50,000	To increase statewide vision screening programs to children through school nurses, public health employees and volunteers.	Provided training, ongoing support and materials to 156 school nurses, public health employees, and volunteers. Provided 56 children in financial need with a gift certificate for an eye exam and a pair of glasses.
2012	\$100,000	To increase statewide vision screening programs to children through school nurses, public health employees and volunteers.	Presented a regional vision program to 120 school nurses. Provided training, ongoing support and materials to 87 new vision screeners. Provided gift certificates for an eye exam and pair of glasses to 70 children in financial need.
2011	\$100,000	To increase statewide vision screening programs to children through school nurses, public health employees and volunteers.	Surveyed Iowa school nurses to determine grade levels being screened and need for vision screening training. Provided training, ongoing support and vision screening to 106 school nurses, public health employees and volunteers. Provided 65 gift certificates for an eye exam and pair of glasses to children in financial need.
2010	\$130,000	To increase statewide vision screening programs to children through school nurses, public health employees and volunteers.	Developed standardized vision screening protocol and continued to provide training, support and materials to 42 new vision screeners. Provided gift certificates for an eye exam and pair of glasses to 70 children in financial need.

Year	State Funding	Objectives	Results
2009	\$130,000	To increase statewide vision screening programs to children through school nurses and volunteers.	<p>Provided training, support and vision screening materials to 120 school nurses, lay volunteers and public health employees.</p> <p>Provided vision screening in empowerment/low income child care centers.</p> <p>Provided Head Start staff with current vision screening information. Developed screening training materials and contacted school districts to let them know about the vision screening training program.</p>

*Report indicated 2009 first year of appropriations

Iowa Coalition Against Sexual Assault – Public Protection Allocation

Target Populations:

This funding is used to help prevent first-time perpetration or victimization of sexual violence in areas of the state that do not receive federal Rape Prevention Education (RPE) dollars. The target population is Iowans aged birth-20, based on data that most sexual assaults occur before the victim is 20 years old, and the understanding that the earlier prevention messages are received, the more likely they are to change behavior. To effect change in that target population, programs focus on parents, caregivers, teachers, and mentors, as well as on supporting healthy relationships between peers. In the current fiscal year, funding is supporting programs who work in Regions 1, 4, 5, and 6 of the Victim Service Regions, as well as culturally specific programs providing appropriate services to minority communities. Prevention work in other areas of the state and with other minority communities are funded with federal RPE funds.

Types of Services Provided by State Funding:

The majority of the state funding is subcontracted to Comprehensive Sexual Assault Programs, who employ sexual violence preventionists to carry out activities with and for the target populations listed above. Those activities are varied, but include the following: training school teachers, counselors, nurses, and volunteers on research-based and evidence-informed curricula to prevent sexual violence; working with staff and administrations at schools, childcare facilities, residential treatment centers, and other youth-serving organizations on policies to prevent sexual violence and support survivors; teaching parents and caretakers how to protect their children from sexual violence; training high school and college students, as well as bar and other business owners, how to recognize sexual harassment and other behaviors that precede sexual violence how to notice and respond before violence occurs (bystander intervention); and facilitating peer mentoring programs that support students in being healthy relationship role models for their peers.

A portion of the state funding is retained at the Iowa Coalition Against Sexual Assault, to partially support two staff member's time. Those staff members are responsible for providing training and technical assistance to the subcontractors, assisting with evaluation and reporting, and managing fiscal claims.

Continuing Needs of the Organization to Meet Its Objectives:

The biggest need both IowaCASA and our subcontractors need to meet our objectives is more dedicated staff positions. State funding has consistently been more than 90% dedicated to staff salary and benefits; However, there are no full-time positions anywhere in the state funded by this source. At the coalition, the prevention coordinator is only funded to do prevention work 70% of the time, and only a portion of that 70% comes from state funding. All of our subcontractors are awarded \$20,000 each, which pays for between 10-20 hours per week of time. One state-funded subcontractor serves 19 counties in Northeast Iowa, but receives only enough funding for 15 hours per week of staff time. Because of the large geographic area covered by our subcontractors, they will sometimes split funding between several staffers to minimize travel time. This means that more of their service area gets covered, but that each preventionist then spends only 5 hours or less a week on prevention activities. Because we know that changing people's attitudes and behaviors takes time and repetition, and investment of a whole community, limited staff can only effect change in a limited area. The more staff we could have working on prevention activities, the more communities could benefit. Additional needs are evaluation and data collection support. Most sexual assaults are not reported to law enforcement, and many are not reported to sexual assault crisis centers. When we want to measure the impact of prevention services on the rate of assaults, it is difficult, because we don't have a good handle on how many assaults are happening at any given time. Increased support for collecting sexual assault data from existing collection mechanisms like YRBS and BRFSS would be very helpful.

Continuing Needs of the Target Population to Improve Health Outcomes:

More institutional support is needed for people who interact with children and young adults to learn sexual violence prevention messages and strategies. Parents, caregivers, daycare providers, teachers, coaches all often learn these lessons only after some kind of violence has struck. Over and over again, young people say that they wish they had been taught messages about consent, healthy sexuality, and their rights in relationships by a trusted adult. They need the adults in their lives to learn how to have these conversations, and to be supported in doing so by the institutions and communities where they live and work. For professionals with a certification, encouraging training

on sexual violence prevention to become part of their continued education would make a difference, as would clear guidelines for developmentally appropriate sexual health curriculum that includes consent and sexual violence prevention information across the lifespan.

Overview of State Funding:

Year	State Funding	Objectives	Results
2016	\$203,032	<p>1. Develop subcontracts to implement sexual violence prevention strategies in communities of the state that receive comprehensive sexual assault services funds through the Iowa Department of Justice's Victim Services Support Program, with the purpose of conducting strategies that prevent the first time perpetration and/or victimization of sexual violence by addressing the risk and protective factors that contribute to it.</p> <p>2. Support and expand community prevention capacity by offering targeted training and technical assistance to subcontractors.</p>	This money was granted non-competitively to the 5 programs who were designated as Comprehensive Sexual Violence Centers by the Crime Victim Assistance Division, but who had not received any prevention monies from the Coalition in the last fiscal year. Of the 6 new state regions, this funding was awarded to programs in 4 of the six regions (the other two regions are covered entirely by programs funded with federal prevention dollars).
2015	\$203,032	<p>1. Develop subcontracts to implement sexual violence prevention strategies in communities of the state that receive comprehensive sexual assault services funds through the Iowa Department of Justice's Victim Services Support Program, with the purpose of conducting strategies that prevent the first time perpetration and/or victimization of sexual violence by addressing the risk and protective factors that contribute to it.</p> <p>2. Support and expand community prevention capacity by offering targeted training and technical assistance to subcontractors.</p>	This money was granted non-competitively to the 5 programs who were designated as Comprehensive Sexual Violence Centers by the Crime Victim Assistance Division, but who had not received any prevention monies from the Coalition in the last fiscal year. Of the 6 new state regions, this funding was awarded to programs in 4 of the six regions (the other two regions are covered entirely by programs funded with federal prevention dollars).
2014	\$203,032	<p>1. Develop subcontracts to implement sexual violence prevention strategies in communities of the state that receive comprehensive sexual assault services funds through the Iowa Department of Justice's Victim Services Support Program, with the purpose of conducting strategies that prevent the first time perpetration and/or victimization of sexual violence by</p>	This money was granted non-competitively to the 5 programs who were designated as Comprehensive Sexual Violence Centers by the Crime Victim Assistance Division, but who had not received any prevention monies from the Coalition in the last fiscal year. Of the 6 new state regions, this funding was awarded to programs in 4 of the six

Year	State Funding	Objectives	Results
		<p>addressing the risk and protective factors that contribute to it.</p> <p>2. Support and expand community prevention capacity by offering targeted training and technical assistance to subcontractors.</p>	<p>regions (the other two regions are covered entirely by programs funded with federal prevention dollars).</p>
2013	\$203,032	<p>1. Develop subcontracts to implement sexual violence prevention strategies in communities of the state that receive comprehensive sexual assault services funds through the Iowa Department of Justice's Victim Services Support Program, with the purpose of conducting strategies that prevent the first time perpetration and/or victimization of sexual violence by addressing the risk and protective factors that contribute to it.</p> <p>2. Support and expand community prevention capacity by offering targeted training and technical assistance to subcontractors.</p>	<p>This money was granted non-competitively to the 5 programs who were designated as Comprehensive Sexual Violence Centers by the Crime Victim Assistance Division, but who had not received any prevention monies from the Coalition in the last fiscal year. Of the 6 new state regions, this funding was awarded to programs in 4 of the six regions (the other two regions are covered entirely by programs funded with federal prevention dollars). IowaCASA also did extensive training on integrating prevention into the mission and activities of Comprehensive Sexual Assault programs, and created a cloud-based toolkit to help preventionists share resources across the state.</p>
2012	\$203,032	<p>1. Enhance Iowa's sexual violence prevention program to conduct targeted prevention activities that address sexual violence before it occurs, in areas of the state that do not receive federal sexual violence prevention funds.</p> <p>2. Expand training and technical assistance to programs working to conduct primary prevention of sexual violence prevention.</p>	<p>Subcontracted with 6 programs to support a minimum of one half-time prevention staff with benefits and organized two mandatory trainings for subcontractors. Additionally, 100% of subcontractors were demonstrating use of a minimum of five of the nine principles of effective prevention, and 100% of them were collecting process and impact data from their prevention education activities. Programs also began focusing on one of the 3 target populations identified by the Statewide Sexual Violence Prevention Planning Committee as having increased risk factors and insufficient services provided to them: Male athletes, LGBTQAI individuals, and individuals with disabilities.</p>

Year	State Funding	Objectives	Results
2011	\$209,819	<p>1. Enhance Iowa's sexual violence prevention program to conduct targeted prevention activities that address sexual violence before it occurs, in areas of the state that do not receive federal sexual violence prevention funds.</p> <p>2. Expand training and technical assistance to programs working to conduct primary prevention of sexual violence prevention.</p>	Subcontracted with 7 programs to support a minimum of one half-time prevention staff with benefits and organized two mandatory trainings for subcontractors. Additionally, 100% of subcontractors were demonstrating use of a minimum of five of the nine principles of effective prevention, and 100% of them were collecting process and impact data from their prevention education activities.
2010	\$233,429	<p>1. Enhance Iowa's sexual violence prevention program to conduct targeted prevention activities that address sexual violence before it occurs, in areas of the state that do not receive federal sexual violence prevention funds.</p> <p>2. Expand training and technical assistance to programs working to conduct primary prevention of sexual violence prevention.</p>	Subcontracted with 8 programs to support a minimum of one half-time prevention staff with benefits and organized two mandatory trainings for subcontractors. Additionally, at least 75% of subcontractors were demonstrating use of a minimum of five of the nine principles of effective prevention, and at least 75% of them were collecting process and impact data from their prevention education activities.
2009	\$232,477	<p>1. Enhance Iowa's sexual violence prevention program to conduct targeted prevention activities that address sexual violence before it occurs, in areas of the state that do not receive federal sexual violence prevention funds.</p> <p>2. Expand training and technical assistance to programs working to conduct primary prevention of sexual violence prevention.</p>	Subcontracted with 8 programs to support a minimum of one half-time prevention staff with benefits and organized two mandatory trainings for subcontractors. Additionally, at least 75% of subcontractors were demonstrating use of a minimum of four of the nine principles of effective prevention, and at least 75% of them were collecting process and impact data from their prevention education activities.
2008	\$261,500	<p>1. Enhance Iowa's sexual violence prevention program to conduct targeted prevention activities that address sexual violence before it occurs, in areas of the state that do not receive federal sexual violence prevention funds.</p> <p>2. Expand training and technical assistance to programs working to</p>	Subcontracted with 13 programs to support a minimum of one half-time prevention staff with benefits, implemented Men Can Stop Rape public awareness campaign, and organized two mandatory trainings for subcontractors. Additionally, at least 75% of subcontractors were demonstrating use

Year	State Funding	Objectives	Results
		conduct primary prevention of sexual violence prevention.	of a minimum of three of the nine principles of effective prevention, and at least 75% of them were conducting pre and post-test evaluation results from their prevention education presentations.
2007	\$100,000	<p>1. Enhance Iowa's sexual violence prevention program to conduct targeted prevention activities that address sexual violence before it occurs.</p> <p>2. Conduct a needs and resource assessment to analyze current state and local sexual violence prevention programming and program capacity, and recommend strategies for prevention.</p> <p>3. Improve Iowa's training and technical assistance on sexual violence prevention to communities.</p>	<p>A needs assessment was done, and a prevention curriculum review committee was organized by the subcontractors. Two prevention trainings were conducted with subcontractors, and at least 75% of them were demonstrating use of a minimum of three of the nine principles of effective prevention. Additionally, at least 75% of them were conducting pre and post-test evaluation results from their prevention education presentations.</p>

*Report indicated 2007 first year of appropriations

Iowa Statewide Poison Control Center – Public Protection Allocation

Target Populations:

The Iowa Statewide Poison Control Center (ISPCC) is the only poison control center in Iowa and serves all residents in 99 counties. Iowa's 2015 estimated population is 3,123,899 (census.gov).

Types of Services Provided by State Funding:

The ISPCC provides free, confidential medical advice 24/7/365 through a toll-free hotline 1-800-222-1222. Nationally certified nurses, pharmacists and physicians handle 40,000 calls each year from across Iowa. The ISPCC is the primary resource for poison information and treatment advice for poisonings and overdoses including household products, medicines, chemicals, pesticides, plants, mushrooms, bites and stings, food poisoning, etc. Services are available for the hearing-impaired and non-English speaking. The ISPCC plays a vital role in the public health system by saving lives and reducing health care costs. The center provides expert recommendations to health care providers treating poisoned patients. Nearly 50% of calls involve a child less than five years of age. By providing treatment advice over the phone, 90% of the calls from the public are managed at home, saving over \$12 million in medical costs annually by preventing unnecessary ER visits. Poison prevention education is delivered through statewide distribution of multilingual poison prevention materials, media-based programs, e-newsletter, a Facebook page where prevention and awareness messages are posted. The ISPCC is one of 54 accredited poison centers in the U.S. participating in the national real-time surveillance system allowing for the identification and tracking of emerging public health and environmental threats. The data is used by state and federal agencies and manufacturers to identify risks, evaluate new products and monitor product safety. The ISPCC is positioned to play a vital role in Iowa's emergency response infrastructure and provides academic training and education to health care providers including physicians, nurses, public health practitioners, pharmacists and EMS responders.

Continuing Needs of the Organization to Meet Its Objectives:

Poisoning continues to be the number one cause of injury-related death in the country. The proportion of more clinically serious exposures managed by the ISPCC is increasing. Over 30% of poisoning calls come from health care providers, primarily ER and ICU doctors and nurses, seeking assistance with poisoned patients in their care. Today there are more medicines in the home than ever before, and this increases the potential risk to children of accidental medicine poisoning. Services are provided to all Iowans at no cost to the caller. The ISPCC is an independent 501(c)3 nonprofit corporation. Personnel costs comprise 84% of total operating costs. The center's public funding fell by 40% between 2009 and 2012 and the center was slated to close on Dec 31, 2014. In 2014 Iowa Acts chapter 1140 directed DHS to implement a new health services under CHIP to provide additional funding for the IPCC. In 2016 state funding for the ISPCC, through the DPH, provides 32% of its operating budget; federal matching CHIP funds 40%; and a federal HRSA grant 9%. Remaining funding is comprised of contributions from 100% of Iowa hospitals and private grants. In-kind support is provided by UnityPoint Health. Ensuring an ongoing, sustainable funding base is critical to continue to provide high quality poison center services for all Iowans and prevent poisonings, save lives and limit injury from poisonings. In addition, increasing statewide awareness about ISPCC services will save public healthcare dollars by preventing unnecessary utilization of ER services. While our continuing need is financial sustainability to ensure our population is served, our focus remains on the people of Iowa and providing high quality 24/7 life-saving and cost-effective poison control centers services.

Continuing Needs of the Target Population to Improve Health Outcomes:

Majority of human poison exposure calls reported to the ISPCC are accidental (75%) and occur in the home (92%). Research shows poisonings are preventable through effective education. Poison prevention starts with posting the poison control number at home along with safe storage of poisons. Children younger than six years comprise nearly half of poison exposures (47%). While childhood exposures rarely result in serious outcomes and the majority of cases are managed at home, the sheer numbers of these calls indicates that continued awareness and prevention education is needed to reduce poison exposures and unnecessary, costly emergency department visits. National injury data shows that a lower socioeconomic status is associated with higher incidences of most injuries including poisoning. ISPCC data shows 43% of our callers have state insurance or no insurance. Education and awareness is targeted to Head Start and Early Head Start programs, WIC and Community Health Centers. Adults over 65 years of age are at risk for medication errors and accidental poisoning and national data shows this age group is involved in approximately 10% of fatal toxic exposures. ISPCC outreach efforts are focused on medication safety, poison

prevention and awareness of ISPCC services. Non-English populations often lack awareness of poison center services and may unnecessarily seek medical attention and multilingual education materials are distributed to this audience. Through awareness of services, the ISPCC seeks to improve the quality of patient outcomes, decrease the number of unnecessary emergency room visits and allow for better use of health care resources.

Overview of State Funding:

Year	State Funding	Objectives	Results
2016	\$1,361,335 (IDPH, CHIP)	<ol style="list-style-type: none"> 1. Increase outreach to Head Starts and Preschools by 10% in 2016. 2. Ensure adequate staff to meet increasing demand for services and higher acuity. 3. Attain the highest level of professional competence in clinical toxicology through education and continuous staff development. 4. Manage at least 80% of calls from the public at home. 5. Develop a multi-language poster to build awareness of poison control services for use with non-English populations in Iowa. 6. Increase distribution of the ISPCC's e-newsletter to health care providers by 25%. 7. Alert PH authorities and / or other stakeholders of events of PH significance. 	<ol style="list-style-type: none"> 1. Over 100 Head Start and preschool teachers used the ISPCC's poison prevention video and teacher packets to teach preschoolers about poison dangers. 2. Continued recruitment of RNs and pharmacists to fill vacancies. Hired first-ever Office Coordinator to provide general administrative and clerical support. 3. 100% of RNs (4) passed national certifying examination. 4. Managed 87.5% of calls at home preventing unnecessary ER visits. 5. A Poison Help poster featuring 22 of the most common languages spoken in Iowa was produced. 6. A 112% increase in health care provider subscribers occurred by promoting the e-newsletter at professional conferences and education programs. 7. Alerted stakeholders about new, potent, non-FDA-approved opioid U-47700 causing deaths in nearby states.
2015	1,282,0451 (IDPH, CHIP)	<ol style="list-style-type: none"> 1. Develop a look-a-like poster for statewide distribution to demonstrate the candy-medicine resemblance and risk for children. 2. Monitor and measure KPIs (caller satisfaction, time to answer and abandonment rate) to improve call center performance. 3. Attain the highest level of professional competence in clinical toxicology 	<ol style="list-style-type: none"> 1. Two look-a-like posters were developed and these posters are featured at all health fairs the ISPCC participates in. 2. Optimized staffing to ensure effective and consistent adherence to desired service level expectations (achieved 99% ranking for caller satisfaction, time to answer less than 20 secs and less than 5% abandonment rate). 3. 100% (3) RNs passed national certifying examination.

Year	State Funding	Objectives	Results
		<p>through education and continuous staff development.</p> <p>4. Alert PH authorities and / or other stakeholders of events of PH significance.</p> <p>5. Manage at least 80% of calls from the public at home.</p> <p>6. Expand collaboration with community partners to facilitate consistency of key poison prevention messages.</p> <p>7. Promote the use of the mobile website to facilitate access to the IPCC.</p> <p>8. Explore on-line marketing programs to enhance the distribution of the e-newsletter directed to health care providers.</p>	<p>4. Alerted stakeholders about (a) nicotine danger from e-cigarettes and (b) the ongoing problem of children biting into laundry detergent packets.</p> <p>5. Managed 87.5% of calls at home preventing unnecessary ER visits.</p> <p>6. Renewed partnerships with Red Cross and County Extension offices to ensure poison prevention messages are utilized in their education programs. A partnership with Community Health Clinics occurred during National Poison Prevention Week, March 15-21, 2015.</p> <p>7. The mobile website facilitates an average of 7 callers each day to utilize the "Call Now" feature to reach the ISPC.</p> <p>8. The e-newsletter Poison Hotline was launched via Constant Contact starting March 2015.</p>
2014	\$598,751 (IDPH)	<p>1. Secure sustainable and predictable funding to support essential PCC functions by 12/31/2014.</p> <p>2. Secure funding to update ISPC's outdated telecommunications system.</p> <p>3. Successfully obtain national re-accreditation.</p> <p>4. Design and launch a new website by January 1, 2014.</p> <p>5. Launch a mobile-friendly website to promote easy access to the IPCC.</p> <p>6. Alert PH authorities and / or other stakeholders of events of PH significance.</p>	<p>1. Developed strategy to increase public and private funding to sustain the IPCC and fill budgetary deficit.</p> <p>2. Upgraded telecommunications system and surge response capabilities with grant-funded Unified Communications system.</p> <p>3. Earned national accreditation for maximum five-years.</p> <p>4. A newly designed website was launched on 12/27/13 and features improved functionality and navigation.</p> <p>5. The mobile website was launched on 6/24/14 and features a "Call Now" button on the home screen.</p> <p>6. Alerted stakeholders of (a) cluster of deaths from the synthetic cannabinoid 5F-PB-22 and (b) teenager abuse of specific brand of lip balm.</p>

Year	State Funding	Objectives	Results
2013	\$618,001 (IDPH, HPP)	<ol style="list-style-type: none"> 1. Launch ISPCC Facebook page to promote ISPCC services along with poison prevention messages. 2. Conduct study determining the impact of the ISPCC on health care costs. 3. Assure ISPCC's capability of providing concise HazMat treatment recommendations and educate PH and hospitals about capability. 4. Alert PH authorities and / or other stakeholders of events of PH significance. 	<ol style="list-style-type: none"> 1. Facebook page launched February 2013 and 2-4 poison prevention messages are posted each week. 2. Study conducted shows ISPCC health and economic savings to state of Iowa (every \$1 spent saves \$16 in health care costs). 3. 35 HazMat guidelines were revised and sent to IDPH. Statewide webinar on ISPCC's capabilities given 3/19/13. 4. Alerted stakeholders of increasing trend of teenagers abusing caffeine.
2012	\$510,832 (IDPH, HPP)	<ol style="list-style-type: none"> 1. Stabilize the ISPCC funding structure to ensure ISPCC services remain available 24/7/365 and maintain standards of accreditation. 2. Reduce operating costs by enhancing organizational effectiveness and efficiency. 3. Launch hospital subscription program to sustain the ISPCC. 4. Develop capability of providing concise decontamination recommendations to the public. 5. Evaluate ISPCC's capabilities of managing an outbreak of exposures to an unknown chemical. 6. Provide educational programs to health care providers, public health practitioners, law enforcement, substance abuse treatment workers and others on the dangers of new synthetic drugs. 7. Alert PH authorities and / or other stakeholders of events of PH significance. 	<ol style="list-style-type: none"> 1. Develop a sustainable funding plan to sustain ISPCC services. 2. Staffing patterns were adjusted to cover peak times, staff overtime was reduced, and productivity enhanced. 3. 42% of hospitals contributed in first year (100% by 2015). 4. Decontamination guideline created. 5. Conducted table top exercise 12/7/2011; sent AAR/IP to IDPH. 6. 33 lectures presented throughout Iowa reaching over 1,000 participants. 7. Alerted stakeholders of newly recognized danger of aspiration and death in children biting into laundry detergent packets.
2011	\$708,699 (IDPH, HPP, RTDD)	<ol style="list-style-type: none"> 1. Provide statewide education on the dangers of new synthetic drugs ("K2" and "bath salts"). 	<ol style="list-style-type: none"> 1. Over a dozen lectures presented throughout Iowa on health effects of new synthetic drugs and how to manage the overdose.

Year	State Funding	Objectives	Results
		<p>2. Develop capability of providing concise shelter-in-place recommendations to public or HCPs.</p> <p>3. Evaluate ISPC's PCC evacuation and language capabilities.</p> <p>4. Increase staff preparedness for radiation hazards and threats to the food supply.</p> <p>5. Alert PH authorities and / or other stakeholders of events of PH significance.</p>	<p>2. Shelter-in-place guideline created.</p> <p>3. Multilingual full scale exercise completed 04/6/11; AAR/IP submitted to IDPH.</p> <p>4. Radiation and food safety training completed in April 2011.</p> <p>5. Alerted stakeholders about appearance of synthetic cathinone ("bath salts") abuse.</p>
2010	\$760,357.59 (IDPH, HPP, RTDD)	<p>1. Assess ISPC's vulnerability to specific hazards / disasters.</p> <p>2. Evaluate ISPC's continuity of operations plans, radiation management guidelines and language capability.</p> <p>3. Ensure that all documents intended for the public are at appropriate reading level to meet health literacy standards.</p> <p>4. Alert PH authorities and / or other stakeholders of events of PH significance.</p>	<p>1. Hazard Vulnerability Analysis completed June 2010.</p> <p>2. Multilingual full scale exercise completed 12/02/09; AAR/IP sent to IDPH.</p> <p>3. The Education Coordinator attended a Health Literacy training on April 19 & 20, 2010 to learn how to assess reading levels and meet health literacy standards for public poison prevention materials.</p> <p>4. Alerted stakeholders about appearance of synthetic cannabinoid ("spice") abuse.</p>
2009	\$861,234 (IDPH, HPP, RTDD)	<p>1. Achieve long-term financial stability to maintain standards of accreditation by targeting three aspects: cost reduction; productivity enhancement and increased revenue.</p> <p>2. Assess ISPC's telephone surge and language capabilities.</p> <p>3. Evaluate completeness of ISPC's disaster plan.</p> <p>4. Define surveillance aberration and create guideline for managing them.</p> <p>5. Successfully obtain national re-accreditation.</p> <p>6. Attain the highest level of professional competence in clinical toxicology</p>	<p>1. Met with executives of a private health insurance company and presented ISPC data on cost avoidance. Evaluated staffing patterns and made significant adjustments to manage the increase in call volume during peak hours.</p> <p>2. Multilingual full scale exercise conducted 12/3/08; AAR/IP sent to IDPH.</p> <p>3. Full revision of disaster plan completed June 2009.</p> <p>4. RTDD Manual created 12/2008 and sent to IDPH.</p> <p>5. Earned national accreditation for maximum five-years.</p> <p>6. 7 of 7 RNs passed national certifying examination.</p>

Year	State Funding	Objectives	Results
		<p>through education and continuous staff development.</p> <p>7. Produce a toxicology newsletter for distribution to health providers throughout the state.</p> <p>8. Alert PH authorities and / or other stakeholders of events of PH significance.</p>	<p>7. A one-page Poison Hotline newsletter was distributed by blast fax to all Iowa emergency departments beginning in March 2009.</p> <p>8. Alerted stakeholders about (a) surge of teenager abuse of ADHD medications and (b) threats to first responders from suicides by hydrogen sulfide.</p>
2008	\$750,357.77 (IDPH, HPP, RTDD)	<p>1. Adapt ICS system to needs of ISPCC.</p> <p>2. Assess ISPCC's telephone surge capacity.</p> <p>3. Meet national NIMS standards.</p> <p>4. Provide enhanced syndromic surveillance data to state and national agencies.</p> <p>5. Offer and send a minimum of 100 poison prevention packets per month to ISPCC callers beginning 1/1/08.</p> <p>6. Alert PH authorities and / or other stakeholders of events of PH significance.</p>	<p>1. 19 ISPCC-specific job action sheets and 12 ICS forms created and sent to IDPH 3/20/08.</p> <p>2. Table top exercise conducted 5/7/08 and full scale exercise on 6/11/08. AAR/IPs sent to IDPH.</p> <p>3. NIMS compliance letter submitted to IDPH 8/4/08.</p> <p>4. RTDD system became operational on 2/17/08.</p> <p>5. A total of 1,279 poison prevention packets (averaged 213/month) were provided the first 6 months of 2008.</p> <p>6. Alerted stakeholders about deaths and other bad outcomes from infants and toddlers mistaking tiki-torch fuel for apple juice, and aspirating the fuel into their lungs.</p>
2007	\$673,266 (IDPH, HPP)	<p>1. Present results of ISPCC cost-effectiveness study to private health insurance companies.</p> <p>2. Develop capability of providing hospitals concise hazardous materials treatment recommendations.</p> <p>3. Provide ongoing preparedness training for ISPCC staff.</p> <p>4. Assess ISPCC's capability of integrating with other response agencies.</p> <p>5. Assure redundancy of ability to manage incoming calls.</p>	<p>1. Attempts made to set up meetings with insurance companies.</p> <p>2. 15 HazMat guidelines created.</p> <p>3. Two 1-hour education programs completed by staff Aug 2006.</p> <p>4. Participated in county-wide table top exercise 6/13/07.</p> <p>5. Aug 2007 unexpected phone outage and calls were quickly rerouted with minimal disruption.</p> <p>6. Alerted stakeholders about (a) dangers from ingestion of ethanol-based hand</p>

Year	State Funding	Objectives	Results
		6. Alert PH authorities and / or other stakeholders of events of PH significance.	sanitizers and (b) increase in cases of teenagers abusing dextromethorphan.
2006	698,853.25 (IDPH, HPP)	1. Improve personnel surge capacity during a disaster. 2. Provide chemical, biological and radiological expertise to statewide preparedness efforts. 3. Develop partnerships with 3 new statewide organizations to expand poison prevention education outreach.	1. Formal agreement in place with nurseline for surge capacity. 2. ISPCC medical director provided expertise and advice to numerous preparedness teams and committees. 3. New partnerships were made with Safe Kids state and local coalitions, Head Start directors, Childcare Resource and Referral nurses, Iowa Emergency Nurses Association state and regional chapters in Iowa, and the Iowa School Nurse Organization.
2005	\$551,216.76 (IDPH, HPP)	1. Secure the financial resources to achieve the ISPCC's core operations and strategic objectives. 2. Promote results of ISPCC cost-effectiveness study to potential funding partners. 3. Increase chemical terrorism knowledge and preparedness in hospital first receivers. 4. Improve telephone surge capacity in ISPCC. 5. Ensure board-certified medical toxicologist is available 24/7/365, including back-up support, as required for accreditation. 6. Alert PH authorities and / or other stakeholders of events of PH significance.	1. Identified and investigated new funding sources (insurance providers, hospitals and others). 2. Survey outlining health and economic benefits of the ISPCC sent and reviewed with potential funders. 3. ISPCC provided chemical terrorism preparedness training to 48 hospitals and 622 health care providers across the state at no cost to the attendees. 4. Additional phone lines were installed to increase surge capacity. 5. Recruited and hired part-time (0.2 FTE) Associate Medical Director to provide back-up support for ISPCC medical director. 6. Provided information to stakeholders about the medical effects of exposure to blue-green algae.
2004	\$504,390 (IDPH, HPP)	1. Retain qualified and experienced nurses in order to maintain national quality standards. 2. Submit application for national Poison Control Center accreditation.	1. Implemented strategies for retaining qualified staff and increasing job satisfaction. 2. Earned national accreditation for maximum five-years.

Year	State Funding	Objectives	Results
		<p>3. Assess ISPCC data for incidents of public health significance.</p> <p>4. Implement system for more timely transfer of data of public health interest to IDPH.</p> <p>5. Provide basic preparedness training for ISPCC and nurseline staff.</p>	<p>3. Daily syndromic surveillance of ISPCC cases was initiated to assess for temporal or geographical aberrations.</p> <p>4. ToxiTrack software was provided to IDPH to allow direct data sharing.</p> <p>5. Training on biological hazards and state's preparedness system was completed in Aug 2004.</p>
2003	\$437,000 (IDPH)	<p>1. Expand poison prevention materials for Spanish populations.</p> <p>2. Educate health care providers on clinical toxicology and management of the poisoned patient.</p>	<p>1. A Spanish Poison Help brochure was released and distributed to the top 10 Iowa counties with Spanish speakers.</p> <p>2. Began serving as a clinical training site for pharmacy students from Drake and University of Iowa College of Pharmacy.</p>
2002	\$437,000 (IDPH)	<p>1. Implement a statewide campaign to educate the public and health care providers about the new national hotline, 1-800-222-1222, and Poison HELP logo.</p> <p>2. Launch iowapoison.com website and provide an online ordering method for poison prevention materials.</p>	<p>1. January, 2002 the ISPCC joined with all U.S. poison centers in launching a new national toll-free phone number, 1-800-222-1222, and a new Poison HELP logo.</p> <p>2. iowapoison.com was launched in January, 2002 and features an on-line ordering component.</p>
2001	\$433,479 (IDPH)	<p>1. Provide 24/7/365 medical oversight of PCC health care operations by a board-certified medical toxicologist in concordance with accreditation requirements.</p> <p>2. Work toward meeting national quality criteria for attaining poison center accreditation and becoming eligible for federal funding.</p>	<p>1. Recruited a board-eligible medical toxicologist, Dr. Ed Bottei, to serve as full-time Medical Director of the ISPCC and Iowa's State Medical Toxicologist.</p> <p>2. RNs began working to become eligible to sit for national certification exam (requires 2,000 hours and answering 2,000 human exposure cases).</p>

*Report indicated 2001 first year of appropriations